

Smoke Detector Evaluation Guide

Tribe: _____ **Address:** _____

Prior to installing or replacing smoke detectors, check the ones currently installed. Check the boxes for the smoke detectors if they are present and/or working properly.

Home Before Date: _____

Home After Date: _____

Smoke Detector in the:

Smoke Detector in the:

Downstairs Hallway

Present

Functional

Downstairs Hallway

Present

Functional

Upstairs Hallway

Present

Functional

Upstairs Hallway

Present

Functional

Bedroom 1

Present

Functional

Bedroom 1

Present

Functional

Bedroom 2

Present

Functional

Bedroom 2

Present

Functional

Bedroom 3

Present

Functional

Bedroom 3

Present

Functional

Bedroom 4

Present

Functional

Bedroom 4

Present

Functional

Finished Basement/Attic

Present

Functional

Finished Basement/Attic

Present

Functional

Notes:

Notes: