

Smoke Alarm Tracking

Please complete the information below.

1) Date of Installation

2) Partnering Group

Please specify: e.g., Shiprock Service Unit

3) Tribe

Please specify: e.g., Navajo

4) Number of working smoke alarms before visit

5) Number of working CO alarms before visit

6) Number of smoke alarms installed

7) Number of CO alarms installed

8) Number of combination smoke/CO alarms installed

9) Number of new batteries were distributed

10) Number of children under 18 living in the home

11) Adults aged 60 and over living in the home

12) What hazards were observed in the home?

13) Comments/notes: