



**Residential Services  
FIRE/SAFETY REPORT**

<b>Date of Assessment:</b>					
<b>Assessment Completed By (Name &amp; Title):</b>					
<b>Coordinator :</b>		<b>Staff:</b>			
<b>ALU Address:</b>					
<b>Individuals participated:</b>					
<b>Hypothetical Location of Fire</b>					
<b>Evacuation Time (minutes and seconds)</b>		_____Min    _____Sec			
<b>Exit Door Used</b>		_____Front    _____Back			
<b>Location of Rally Point Outside</b>		_____Front    _____Back (of house)			
<b>Are all 4 Stove Burners working?</b>		_____ Yes    _____No			
<b>Is there a flashlight available in the home?</b>		_____ Yes    _____No			
		<b>Yes</b>		<b>NO</b>	
<b>1. Are all 4 Stove Burners working?</b>					
<b>2. Is there a flashlight available in the home?</b>					
<b>3. Is there a first aid kit available in the home?</b>					
<b>4. Is the fire extinguisher current? (tag initial/dated)</b>					
<b>FIRE EXTINGUISHERS</b>			<b>SMOKE ALARMS</b>		
<b>LOCATION</b>	<b>OPERATING</b>	<b>DEFICIENT</b>	<b>LOCATION</b>	<b>OPERATING</b>	<b>DEFICIENT</b>
<b>1<sup>st</sup> Floor</b>			<b>1<sup>st</sup> Floor</b>		
<b>2<sup>nd</sup> Floor</b>			<b>2<sup>nd</sup> Floor</b>		
<b>Basement</b>			<b>Basement</b>		



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<b>COMMENTS/ ISSUES/CONCERNS :</b>
<b>ADDITIONAL SUPPORTS NEEDED? REQUIRED?</b>

<b>Employee Name</b>		<b>Date</b>	
<b>Employee Signature</b>		<b>Time</b>	AM/PM
<b>PC Signature</b>		<b>Date</b>	