YOUR FAMILY’S PERSONAL FIRE SAFETY CHECKLIST

1. SMOKE ALARMS: Check Batteries 2 x per year
   Date: Fall:______ Spring:______

2. CARBON MONOXIDE DETECTORS: 2 x per year
   Date: Fall:______ Spring:______

3. CHECK ELECTRICAL DEVICES ARE SAFELY USED:
   2 x per year
   Date: Fall:______ Spring:______

4. PROPER STORAGE OF FLAMMABLE & LIQUIDS:
   Get Info:______

5. FIRE SAFE LANDSCAPING:
   Get information on fire resistant plants:______
   Remove branches of tall trees to within 6ft of ground:______
   Clean Roofs & Gutters at least 1x per year:______

6. FIRE EXTINGUISHERS:
   Location:______ Type:______ Checked Date:______ Replace Date:______
   Location:______ Type:______ Checked Date:______ Replace Date:______
   Location:______ Type:______ Checked Date:______ Replace Date:______

7. FAMILY ESCAPE PLAN:
   Attach copy of escape plan:______
   LOCATION TO MEET:__________________________

8. EMERGENCY CONTACTS
   Try texting if phone lines are overloaded during disasters
   **Friend:** Name:__________________________
   Numbers: HOME_________ CELL:_________
   Email:__________________________

   **Family:** Name:________________________
   Numbers: HOME_________ CELL:_________
   Email:__________________________

   **Neighbor:** Name:_____________________
   Numbers: HOME_________ CELL:_________
   Email:__________________________

   **Out-of-State Contact:** Name:_____________
   Numbers: HOME_________ CELL:_________
   Email:__________________________