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YOUR FAMILY'S PERSONAL FIRE SAFETY CHECKLIST

- | | <u>Date</u> | <u>Date</u> |
|--|-----------------------------------|---------------|
| 1. SMOKE ALARMS: Check Batteries 2 x per year | Fall: _____ | Spring: _____ |
| 2. CARBON MONOXIDE DETECTORS: 2 x per year | Fall: _____ | Spring: _____ |
| 3. CHECK ELECTRICAL DEVICES ARE SAFELY USED:
2 x per year | 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: _____ | | |