

PURPOSE:

This policy is to help increase awareness in our communities about the life-saving benefits of smoke alarms. The Cumberland County program encompasses un-incorporated and municipal fire protection districts and partners with the Cumberland County Board of Education and other civic organizations by providing a county-wide platform to share when available free smoke alarms and fire safety materials within the various fire districts.

1.0 <u>SCOPE:</u>

- A. This policy is established February 2021.
- B. Applies to residential dwellings located within the un-incorporated areas of Cumberland County or a municipal contractual service area and serviced by a County Fire Department.
- C. This policy provides an outline of how smoke alarms will be distributed to Cumberland County Fire Departments to reduce injuries and deaths resulting from fire in homes with defective smoke alarms or no smoke alarms at all.

2.0 <u>SPECIFIC:</u>

A. The smoke alarms distributed by the Fire Marshal's Office have been/will continue to be acquired by various fire prevention grants, programs, and donations. Departments are also urged to obtain smoke alarms through the various available public safety agencies smoke alarm grant programs.

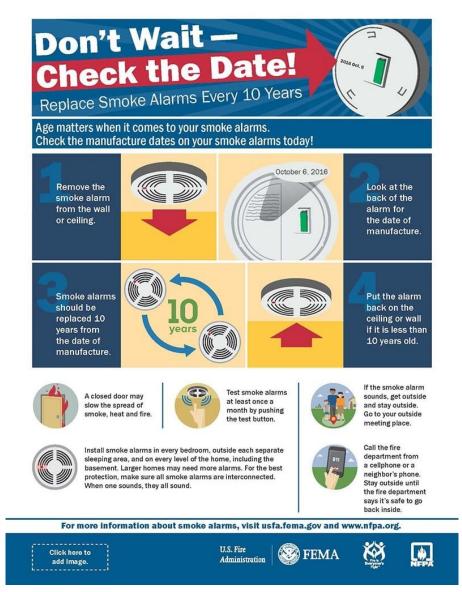
3.0 <u>GUIDELINES:</u>

A. A limited number of smoke alarms will initially be distributed to each Cumberland County Fire Department.

SOG	
2021-001	

CCFCA-SOG Smoke Alarm Policy

- B. When a smoke alarm is installed at a residence within your jurisdiction, the following forms shall be completed and turned back into the Fire Marshal's Office to receive a replacement of any smoke alarm(s) installed (When smoke alarms are available).
 - a. Completed Smoke/CO alarm install Form via digital format on ArcGIS (or) Paper install form when technology issues occur.
 - b. Completed Home Safety Risk Assessment
- C. Once the above listed forms are submitted, The Fire Marshal's Office will distribute additional smoke alarms back to your department. (When alarms are available)
- D. Smoke alarms shall not be given out to the public without the department performing the install and completing a Smoke/CO alarm install form.



CCFCA-SOG Smoke Alarm Policy



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to Add Image





CCFCA-SOG Smoke Alarm Policy







Home Safety Risk Assessment

Address:	Date:

Address Identification

Are address numbers posted on the front of the residence, facing the road?

Are address numbers visible from the road?

Are address numbers a minimum of **6 inches** in height with a *stroke width of **¾ inches (***Stroke Width determines the boldness of each number)?

Are address numbers contrasting in color from the background surface (i.e., House, Bricks, sign).

Exterior Inspection

Is the residence free of combustible vegetation and other combustibles against the structure?

Are Ramps and stairs clear and free of combustibles and other exit obstructions?

Is the electrical service weather head adequately secured to the structure? Is

the electrical service panel free of combustibles within 5ft?

Interior Inspection

Electrical inspection

Do all the electrical outlets have electrical outlet covers?

Appliance and extension cords

Are all appliance and extension cord free from fraying, splicing, and damage?

- Are Appliance and extensions cords protected from physical damage?
- No appliance or extension cords traveling under rugs, doorways, or through walls.

Is the electrical Panel free of open circuits (knock out spacers missing)?

Cooking Safety

Does Residence have a minimum of **one 2:A 10: BC** Fire Extinguisher?

Is the Fire Extinguisher gauge showing in the "GREEN" Indicating (in service)?

Has Homeowner considered purchasing a **"Fire Stop" Range suppression canister** or similar device for cooking fires? <u>https://stovetopfirestop.com/product/rangehood/</u>

Does homeowner know how to **extinguish a Grease cooking fire** utilizing safe methods of extinguishment?

Does homeowner know how to extinguish a cooking fire in the oven and microwave?

Evacuation plan

- Does the residence have an established evacuation plan with a meeting location?
- If more than 1 story, does occupant have an **escape ladder** or upper story Evacuation plan?
- Does caregiver or homeowner have an evacuation plan for **patients not capable of selfpreservation**?

Do all the occupants know to evacuate immediately if a fire occurs and **contact 911** to report he emergency from a neighbor's house or other communication device outside of the residence?

• Smoke Alarms and CO Alarms

- Does the home have **smoke alarms** located in each **sleeping room**, outside of the **cluster of sleeping rooms**, and **on each level** of the home?
- Does the home have a Carbon Monoxide alarm installed on each level of the home?
- Do homeowners change smoke alarm batteries every spring and fall with the time change?
- Is homeowner aware of smoke alarm and Carbon Monoxide expiration dates?
- Disaster Preparedness:
- Recommended Items to Include in a Basic Emergency Supply Kit:
 - Water, one gallon of water **per person** per day for **at least three days**, for drinking and sanitation Food, and a **72-hour supply of all medications** needed.
 - at least a three-day supply of non-perishable food
 - Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both Flashlight and extra batteries

First aid kit

- Whistle to signal for help
- Dust mask, to help filter contaminated air
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Manual Can opener for food (if kit contains canned food) Local Maps

The provided Home Safety Risk Assessment is to serve as a guide to ensure safe practices are achieved within the residence. The homeowner by receiving this form understands that the Cumberland County Fire Marshal's office, Cumberland County Fire Chiefs Association, or any delegated personnel are <u>NOT</u> responsible for items <u>NOT</u> discovered or addressed.

Please see attached Red Cross Service Acknowledgment Form & the Cumberland County Waiver Form



Service Acknowledgment Form

Home Address		
Address *	Apt / Unit # [*]	(Mark "NA" if Not Applicable)
City *	State *	Zip *
Services Provided		
# of 10-year smoke alarms installed and tested? *	Did the resident(s) create a fire No	escape plan? * Yes /
# of 9-volt smoke alarms installed and tested? *	Did the resident(s) review the Home Fire Safety Checklist? *	Yes / No
# of bedside alarms installed and tested for	Did the resident(s) learn	
people who are deaf or hard of hearing? *	about a local hazard [?] *	Yes / No
# of batteries replaced? *	If yes, what hazard?	

I am a resident of the home at the address above. Today, I received the services indicated on this form. I also received instructions about how to use and maintain smoke alarms. It is my responsibility to maintain the smoke alarm(s) per the manufacturer's recommendations and to test the alarm(s) monthly. It is also my responsibility to make sure I have the appropriate type of smoke alarms in my home. Different types of alarms, ionization and photoelectric, detect fires differently and experts recommend having both types. It is additionally my responsibility to make sure I have the appropriate number of smoke alarms are in appropriate locations. Furthermore, the American Red Cross and its partners are not responsible for determining the appropriate type, number, or location of smoke alarms.

Your signature indicates that you have read the information above and that you agree with its content.

Resident's Printed Name *

Red Cross/ Partner Printed Name *

President's Signature *

Red Cross/ Partner Signature *

Date: ____/____

Initial Assessment Upon Visit		
How many people live here? *	How many pre-existing smoke alarms does the household already have?	
How many youth ages 17 and under live here?	How many pre-existing smoke alarms are working?	
How many adults ages 65 and older live here?	Is a bedside alarm needed for people who are deaf or hard of hearing? [*]	Yes / No
How many individuals with a disability, or an access or functional need live here?	Additional Notes:	
How many veterans, military members, or military family members live here?		
Optional Reporting Fields		
National Coalition Org(s)	Local Coalition Org(s)	-
Optional 1.		
Information for Future Follow-up		

Date:

Did the client provide contact info? *	Yes / No	Email Address		
Cell Phone Number	NO	Other Phone Number		
Administrative Section				
Has this record been entered into the online portal? * Yes \Box (Please check after data above is entered into online portal not during in-home visit)				
If data has been entered into the online portal, what date was it submitted?				
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SMOKE ALARM For Assistance Call (910) 321-6736

SMOKE/CARBON MONOXIDE ALARM & BATTERY WAIVER FORM AND SURVEY Waiver Form

Dear Occupant,

This smoke alarm and/or carbon monoxide alarm has been installed for you at no cost. Smoke and carbon monoxide alarms are used as an early warning device to alert the occupants in the event of a fire emergency or carbon monoxide concentration increase. Batteries for these devices are a key component and should not be taken out of the smoke or carbon monoxide alarm for any reason. We have installed 10-year tamper resistant smoke alarms in your home.

The Fire Department and the person installing your smoke and/or carbon monoxide alarm are in no way making any representation that the smoke and/or carbon monoxide is for particular purpose. The manufacturer provides the warranty, if any, for the smoke and carbon monoxide alarm, and/or battery.

By accepting this smoke alarm, carbon monoxide alarm, and/or battery, you agree to hold the person providing you with and/or installing this smoke alarm, carbon monoxide alarm, and/or battery and the Fire Department of Cumberland County, it's employees, elected officials, agents and successors harmless from any and all actions, claims or demands from damages concerning any malfunction of any defect in the smoke alarm, carbon monoxide alarm, and/or battery which you or your invitees may have against the Fire Department, its employees, elected officials, agents and successors for any injury or alleged injury (including death) to any person or any damage or alleged damage to property arising from the installation of the smoke alarm, carbon monoxide alarm, and/or battery. You further understand that it is your responsibility to properly install (if not so provided) and maintain this smoke alarm, carbon monoxide alarm, and/or battery according to the manufacture's recommendation.

To assure the proper operation of this smoke alarm and/or carbon monoxide alarm, you should follow these tips:

To assure the proper operation of this smoke alarm and/or carbon monoxide alarm, you should follow these tips:

1. Replace the batteries (if not 10-year) twice a year. If you choose the times you change your clock you may not forget. Make it a family affair so the kids will remember the importance of the alarm.

2. Test your smoke alarm and/or carbon monoxide alarm once each month. Testing involves pressing the button located on the face of the alarm. The alarm will emit a short warning sound to let you know it is operating properly.

3. Check the manufacture's recommendations for smoke alarms and/or carbon monoxide alarm replacement.

4. Follow the manufacturer's recommendation on the maintenance of your smoke alarm and/or carbon monoxide alarm.

5. Never remove a battery except to replace it with a new one.

6. Have and practice an escape plan from your home.

7. Do not paint the cover of the smoke alarm and/or carbon monoxide alarm Vacuum the cover to avoid dust build-ups

8. Read and follow the instructions on any literature that accompanies the smoke alarm and/or carbon monoxide alarm.

Occupant Signature

Fire Department Representative

1.	Station Number:
2.	Shift:
3.	Occupant's First and Last Name:
4.	Address of Install:
5.	Phone Number:
6.	Type of Residence:
7.	Is the Occupant a Renter of Homeowner?
8.	Number of Levels in the Home:
9.	How many people live in the home?
10.	. How many members are younger than 17?
11.	. How many members are older than 65?
12.	How many members of the home have disabilities?
13.	Does the home need a Bed Shaker Alarm?
14.	. How many smoke/ CO Alarms were in the home before you installed new alarms?
15.	. How many of the current alarms functioned properly?
16.	Why did the alarms not work?
17.	. How many new alarms did you install?
18.	. How many new batteries were installed?
19.	What safety info did you leave with the occupant?
20.	Is there a source of Carbon Monoxide?
21.	Did you install a CO Alarm?
	Date and Time Completed: