



BATAVIA FIRE DEPARTMENT

800 E. WILSON STREET. BATAVIA, IL 60510
630-454-2100 FAX: 630-454-2101



CRAIG HANSON
INTERIM FIRE CHIEF

JEFFERY D. SCHIELKE
MAYOR

NAME: _____ PHONE: _____

ADDRESS: _____ DATE: _____

HOME SAFETY SURVEY			
YES	NO	N/A	1. EXTERIOR
			A. Hydrant clear
			B. House numbers – rural sign
			C. Combustibles near buildings
			D. Buildings in good repair
			E. Roof in good repair
			F. Electrical service
			G. Gas meter accessible
			H. Other
2. ELECTRICAL			
			A. Extension cords
			1. Too many
			2. Overloaded
			3. Circuit breaker type
			4. Worn or damaged
			5. Improperly used

HOME SAFETY SURVEY

YES	NO	N/A	ELECTRICAL CONTINUED
			B. Fuse or Breaker Panel
			1. Oversized
			2. Panel obstructed
			3. Panel circuit labeled
			C. Grounded plugs and outlets
			D. Washer and Dryer grounded
			E. Dryer lint trap and exhaust clean
			F. Lamps and appliances used safely
			G. Other
			3. HEATING
			A. Furnace sound and in good condition
			B. Clear of combustibles
			C. Flue pipes solid and tight
			D. Chimney solid
			E. Fuel supply connection and shut off accessible
			F. Furnace serviced annually
			G. Fireplace serviced – ashes disposed properly
			H. Portable heaters used properly
			I. Furnace filters
			4. BASEMENT
			A. Excess combustibles
			B. Combustibles under stairs
			C. Valves on each gas appliance
			D. Hot water heater
			1. Clear of combustibles
			2. Relief valve

HOME SAFETY SURVEY

YES	NO	N/A	BASEMENT CONTINUED
			E. Tools and work area clean and maintained
			F. Escape windows clear
			G. Other
			5. KITCHEN
			A. Stove and hood clear of grease
			B. Appliances properly used
			C. Fire Extinguisher
			6. FLAMMABLE LIQUIDS
			A. Cabinet provided
			B. Improperly kept
			C. Family understand proper use and storage
			D. Safe containers
			7. EXIT OR ESCAPE
			A. Exit ways clear
			B. Smoke detectors installed on all levels and maintained
			C. Carbon monoxide detectors installed properly
			D. Bedroom doors closed at night
			E. Second means of egress from upper floors
			F. Family has and practices exit plan
			G. Emergency phone numbers posted
			8. FIRE EXTINGUISHERS IN PLACE AND MAINTAINED
			9. SAFE SMOKING HABITS
			10. BABYSITTER UNDERSTANDS THE EMERGENCY PROCEDURES
			11. FAMILY KNOWS CPR
			12. FAMILY HAS FIRST AID EQUIPMENT

NOTES OR COMMENTS: _____

Survey completed by: _____ **Date:** _____