

MOROCCO VOLUNTEER FIRE DEPARTMENT
P.O. BOX 640 MOROCCO, IN 47963

HOUSEHOLD FIRE PREVENTION CHECKLIST

Instructions: Print, Complete and Return to the Fire Department (by Mail or E-Mail chief@moroccofire.com)

PARTICIPATION IS VOLUNTARY AND MAY BE USED FOR FIRE PREVENTION/PRE-PLANNING AND STATISTICS

Date Completed: _____

Household Name: _____

Address: _____

Contact Phone Number: _____

PRE-PLAN INFORMATION:

OCCUPANT INFORMATION:

Number of Person's Residing in Residence: _____ Number of Families Who Reside in your household: _____

Age > 80: _____

Age 18-78: _____

Age 8-17: _____

Age 2-8: _____

Age <2: _____

- Someone in my household requires assistance with walking
- Someone in my household has medical conditions hampering their ability to exit our home in case of a fire
- Someone in my household requires oxygen continuously and or has compressed oxygen cylinders or compressors
- Someone in my household requires the use of ambulatory aids such as canes, walkers, wheelchairs or other
- There are small infants or children in my household, unable to exit the home in case of a fire
- Someone in my household is bedridden
- A child or children in my household is diagnosed with Autism or an Autism Spectrum Disorder
- An adult in my household is diagnosed with Alzheimer's or dementia
- There is an infant or other small children or other non-ambulatory people living in my household
- Someone in my household is blind
- Someone in my household is hard of hearing
- Someone in my household is deaf

DETECTOR INFORMATION:

Number of Smoke Detectors in Household: _____ Number of Carbon Monoxide Detectors in Household: _____

Detector Type: Battery Operated Electric Electric with Battery Back Up Smoke Heat

Detector(s) for Vision/Hearing Impaired

Number of Fire Extinguishers in Household: _____

Security System that monitors for smoke/fire and contacts fire department YES (Name: _____) No

HOUSE INFORMATION: House was Built in _____ (Year)

Check All that Best Describe your House:

Current Status* Occupied Daily Under Construction Occupied Summer Months Occupied Winter Months

Stick Build Pre-Fab or Modular Mobile or Trailer Other: _____

Stories Above Ground: 1 2 3 4 or More Attic Basement Crawl Space

Bi-Level Tri-Level

Length of Home: _____ feet x Width of Home: _____ feet = Square Feet: _____

Attached Garage Un-Attached Garage

Sleeping Areas of House (Check all that apply) Basement 1st Floor 2nd Floor 3rd Floor 4th Floor

***WHEN IS HOUSE OCCUPIED?**

If you selected that your house is occupied during a specific time or season above, please explain approximate dates or periods of the year the house is occupied and un-occupied: _____

When the house is not occupied do utilities like gas, electric, water, etc shut off? YES NO

UTILITIES INFORMATION:

Electric Company NIPSCO REMC Location of Shut off: _____

Breaker Box Location: _____

Gas Company NIPSCO Propane/LP (See next line) Location of Shut Off: _____

LP Company: _____ Emergency Phone Number: _____

Phone Company AT&T Other, _____

Appliances

Stove Electric Gas Furnace Electric Gas Water Heater Electric Gas

Fire Place Wood Burning Gas

Water Municipal Well (Describe Location on Property: _____)

Sewer Municipal Septic (Describe Location on Property: _____)

Other Information you may feel is important for the fire department to know about your house:

PROPERTY/HAZARDS INFORMATION:

Number of Outbuildings on Property: _____

Any Potential Hazards on Property: _____

- There are outbuildings, sheds or other structures in close proximity to my home (<100 feet)
- A neighboring house or structure is within close proximity to my home
- There are large amounts of stored goods or materials in my home
- There are large amounts of hazardous type materials stored in my home (cleaners, detergents, paints, etc.)
- There are large amounts of ammunition in my household that may pose a threat during a fire
- There are areas in my home that are under construction
- There are areas under construction with exposed framing
- There are areas under construction with exposed wire, cable, or other tangle hazards

Please note anything of any importance or concern to you that fire fighters entering your house in the event of a fire should know for the purposes of rescuing victims, fire extinguishment and fire fighter safety:

Please Complete and Submit to Morocco Volunteer Fire Dept. Attn: Fire Pre-Plan PO Box 640 Morocco, IN 47963
Or Scan and Email to chief@moroccofire.com

Fire Dept. Use

JURISDICTION: TOWN OF MOROCCO TOWN OF MOUNT AYR
 BEAVER TOWNSHIP JACKSON TOWNSHIP MCCLELLAN TOWNSHIP