Purpose and Overview

Thank you for volunteering with the Home Fire Preparedness Campaign. Your dedication to this life-saving effort is greatly appreciated. By ensuring that households have working smoke alarms and teaching people how to prepare for disasters, you are helping others in your community increase their chance of survival when disasters happen.

This guide is designed to provide instructions on how to successfully document and report information about disaster preparedness and smoke alarm installation visits with residents. The reporting role is pivotal to the success of the Home Fire Preparedness Campaign.

Before Visiting Homes

Assigning Roles

Decide who will take each of the following roles:
- Smoke Alarm Installer (see the *Smoke Alarm Installer Guide*);
- Disaster Safety Educator (see the *Disaster Safety Educator Guide*);
- Documenter/Reporter (see this Guide).

When choosing roles for each team member, keep in mind each individual’s background and strengths. You can also take turns doing each role (if you have completed appropriate requirements). If you have local firefighters on your team, it is strongly recommended that the firefighters carry out the activities related to smoke alarm placement, installation and testing.

If an American Red Cross volunteer or employee is documenting and reporting for the campaign, the following requirements apply:
- Register as a Red Cross volunteer or employee;
- Complete background check;
- Read and follow this guide in its entirety; and
- Complete required training for safety and documenter/reporter and be fully acquainted with using the reporting tools and forms. (Note: This position may also facilitate documentation and reporting required by non-Red Cross coalition members).

Inventory Supplies before Home Visits

Basic tools and supplies are needed to install smoke alarms. The types and number of supplies that are available will vary from location to location. All of these locations will require supplies that are voluntarily offered for the day, a long period of time or donated to the Red Cross. The Reporter will be the point person to ensure that all supplies are accounted for before and after each home visit. Follow any check-in and check-out procedures that the coalition has established for tracking smoke alarms, batteries, installation supplies and any other supplies.

It is recommended that all tools and equipment that are voluntarily offered to the coalition effort be labeled with the name and phone number of the owner. Below are suggestions of what is* or may be needed for each team:
- Up-to-date paper forms to document each home visit*
- Pens and pencils*
- Charged cell phone(s) and spare batteries
- Smart phone or tablet to enter home visit record directly.
• Smoke alarms* (enough alarms for all home visits for the day, estimating 2-3 alarms per home)
• Cordless drills*, extra charged drill battery*
• Screwdrivers* (Phillips head and standard)
• Manufacturer’s instructions for smoke alarm installation and maintenance (will be provided with each alarm )*
• Small flashlights
• Safety ladder/step stool* (4 feet minimum)
• Batteries (AA, AAA, 9v)*
• Pliers
• Small hammers
• Safety glasses or goggles*
• Extra (drywall) screws*
• Extension cord
• Hand broom, dust pan and trash bags*
• Sharpie (to put the date of installation on the back of the alarms)
• Electrical tape for disposing of old batteries
• Extra drill bits
• Tool belt or carrying case
• Measuring tape

Home Visit Introduction and Initial Observations

Before approaching the home, have all Home Fire Preparedness Campaign forms available and ready to complete the required fields, whether in paper or mobile formats.

It is recommended that the documenter/reporter initiate the conversation for the home visit with a responsible adult. The team may only enter a residence or provide services based on the invitation of a responsible adult. After you have introduced yourselves and explained the Home Fire Preparedness Campaign, ask the resident(s) if they already have smoke alarms in their home. Depending on the needs of the resident(s), offer to:

• Test alarms, replace batteries and/or install new alarms;
• Help the resident review safety checklists (for fire and another local hazard; and
• Help the resident craft a fire escape plan.

The role of talking with residents during home visits can be alternated among the installer, documenter/reporter and safety educator. The documenter/reporter’s primary role is to ensure that activities are properly documented and reported and that all acknowledgements of service (and other coalition paperwork) are completed.

Document Each Home Visit

Once the team has been invited into a home to work with the resident, the reporter will have two roles: documenting the visit and supporting the installer. While the disaster safety educator is speaking with the resident(s), the reporter assists the installer with any needed smoke alarm tests, battery replacements, and/or installation. This assistance includes managing the equipment and holding the ladder for the installer.
Once the installer’s job is complete, you will begin documenting the visit. Completing all the required fields and taking detailed notes will ensure that each visit has been successfully documented. The reporting role is pivotal to the success of the Home Fire Preparedness Campaign, and without the documenter/reporter, the Red Cross cannot tell the story of the great work that is taking place in each community. The documenter/reporter will complete six sections on the Home Visit Record, in paper form (see Appendix A), or on a mobile-friendly digital form that is under development (and will be covered in a separate guide and training). The six sections include:

- Household info
- Initial assessment upon visit
- Services provided
- Information for future follow-up
- Additional information
- Administrative

Reminder: Residents are free to decline household information and are not required to provide this information in order to receive our services. At the conclusion of each home visit, ensure that the resident completes and signs the smoke alarm acknowledgment form (see Appendix B) to acknowledge receipt of services.

If the home visit is recorded directly into the mobile or digital form, then the documenter/reporter’s work is complete for that home visit. If the home visit was recorded on to the paper form, the information from the paper form will need to be entered into the online system as soon as possible by the documenter/reporter or someone else, as determined by the coalition.

**Closing out the Visit**

Before leaving the residence, and after documentation is complete:

- Make sure that the Disaster Safety Educator has shared the planned leave-behind materials and told the residents, “Here is some additional information that you may find useful.”
- Make sure that the team has cleaned up all debris and materials from the smoke alarm installation and has not left any supplies or equipment in the home.
- Provide any final information as directed by your campaign point of contact.
- Thank the residents for their time, and tell them that you enjoyed speaking with them.

**Track Supplies during and after Each Visit**

Each team will be using a variety of tools and equipment that most likely do not belong to the Red Cross. In addition to your role to document the visit, you will also ensure that all items have been accounted for during and after each visit. A simple way to do this is to have a list of all the items that were checked out from the Red Cross chapter, partner organizations or offered by team members, and check off each item after each home visit—this will help ensure nothing is left behind. A completed home visit form for each residence visited will help track the number of batteries and smoke alarms that were used during the team’s shift.
Return to Your Staging Location

After you have returned to your staging location, please make sure that you and your team:

- Check in;
- Organize and return unused program supplies, following any processes and supply logs that have been established by the local coordinator/program logistics lead;
- Organize and return all required program documentation and reports to the designated contact;
- If possible, enter home visit forms into the reporting systems that have not already been entered (follow coalition procedure); and
- Debrief with your local coalition leadership.

Thank You!

Thank you very much for your time and attention. If you have any questions, please ask your campaign contact before conducting home visits. Have a great time and stay safe!
### Household Info

<table>
<thead>
<tr>
<th>Address Line 1 *</th>
<th>Address Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code *</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>County</td>
</tr>
<tr>
<td>How many people live here? *</td>
<td></td>
</tr>
</tbody>
</table>

### Initial Assessment Upon Visit

<table>
<thead>
<tr>
<th>How many smoke alarms does the household already have?</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many of these are working?</td>
<td>How many batteries replaced in existing smoke alarms? *</td>
</tr>
<tr>
<td>Do they need a new special smoke alarm? *</td>
<td>How many smoke alarms installed? *</td>
</tr>
<tr>
<td>(to accommodate people with disabilities)</td>
<td>Did the family create a fire escape plan? * Yes / No</td>
</tr>
<tr>
<td></td>
<td>Did the family create an additional hazard plan? Yes / No</td>
</tr>
<tr>
<td></td>
<td>If yes, what hazard?</td>
</tr>
</tbody>
</table>

### Information for Future Follow-up

<table>
<thead>
<tr>
<th>Did the client provide contact info? *</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone Number</td>
<td>Other Phone Number</td>
</tr>
<tr>
<td></td>
<td>Email</td>
</tr>
</tbody>
</table>

### Additional Information

<table>
<thead>
<tr>
<th>Additional Notes (if needed)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Participating National Coalition Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Local Coalition Organization(s)</td>
</tr>
</tbody>
</table>

### Administrative Section

<table>
<thead>
<tr>
<th>Form Completed by (First &amp; Last Name) *</th>
<th>Date of Service *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>/</strong>/___________</td>
</tr>
<tr>
<td>Has this record been entered online? If yes, what date was it submitted?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>/</strong>/___________</td>
</tr>
</tbody>
</table>
In-Home Visit Record Form Summary

The In-Home Visit Record Form captures critical data for the Home Fire Preparedness Campaign. Accurate reporting allows the Red Cross to measure campaign effectiveness and reach. If volunteers choose to use the paper form in lieu of the mobile friendly online reporting tool, the implementing chapter or partner organization will need to back-enter each record form at homefirepreparedness.org within 7 days of the in-home visit.

Every line that contains an asterisk * is required. Failure to collect required information will prevent the record from being submitted into the online reporting tool.

The In-Home Visit Record Form contains six sections described below:

Household Info
This section captures the address where each in-home visit occurs. To track the impact of the Home Fire Preparedness Campaign, it is important to know exactly where the program has been implemented.

Initial Assessment Upon Visit
This section helps us better understand the fire-risk in selected communities. If residents need a special alarm to accommodate hearing loss or other disabilities, the Red Cross and its partners may be able to help.

Services Provided
This section documents which services were provided to residents. This information allows the Red Cross and its partners to keep track of where alarms, batteries and fire escape plans have been put in place to help protect residents from home fires.

Information for Future Follow-Up
This section provides the Red Cross with basic contact information in order to follow-up with residents as needed. All contact information is kept confidential.

Additional Information
This section allows the reporter to document additional notes about the in-home visit. It also provides space to list partner organizations and coalition members participating in the in-home visit.

Administrative Section
This section documents the reporter’s name for follow-up purposes should the form be left partially incomplete, or if any other problems arise during back-entry of data. It also documents the date of the in-home visit as well as the date in which the form was entered into the online reporting tool.

Please email CPRS@redcross.org if you have any questions about the Home Visit Record Form or the online reporting tool.
Home Fire Preparedness Campaign

Smoke Alarm Acknowledgement

Address of home: ____________________ Date of visit: ______________
__________________                      ____________________
__________________                      ____________________

I am a resident of the home at the address above. I have received instruction in the proper use and maintenance of smoke alarms. I understand that smoke alarm(s) make a sound to warn persons in my home in the event of a fire, but that smoke alarms work only if they have been properly maintained. It is my responsibility to maintain the smoke alarm(s) in my home per the manufacturer’s recommendations and test my smoke alarms monthly. It is also my responsibility to make sure that I have the appropriate number of smoke alarms in my home and that the smoke alarms are in appropriate locations. The American Red Cross is not responsible for determining the appropriate number or placement of smoke alarms.

I acknowledge that today I received the following (check all that apply):

_____ Smoke alarms installed and tested (number of alarms installed: ___)
_____ Batteries replaced and smoke alarms tested (number of existing alarms with new batteries installed: ___)
_____ Smoke alarm testing and maintenance guidance

_____ Review of fire safety checklist
_____ Review of disaster safety checklist
_____ Assistance creating a home fire escape plan

Your signature below indicates that you have read this document and agree with its content.

Date: ____/____/________

_______________________________  _________________________________
Resident’s Printed Name          Resident’s Signature

_______________________________  _________________________________
Red Cross/Partner Representative #1  Red Cross/Partner Representative #2