

DEL MAR FIRE DEPARTMENT
RESIDENTIAL HOME SAFETY SURVEY

DATE: _____

NAME: _____

ADDRESS: _____

UTILITIES

GAS

METER ACCESSIBLE	Y	N
OCCUPANT/OWNER AWARE OF LOCATION	Y	N
SHUTOFF PROCEDURE EXPLAINED	Y	N

WATER

METER ACCESSIBLE	Y	N
OCCUPANT/OWNER AWARE OF LOCATION	Y	N
SHUTOFF PROCEDURE EXPLAINED	Y	N

ELECTRICAL

METER ACCESSIBLE	Y	N
OCCUPANT/OWNER AWARE OF LOCATION	Y	N
SHUTOFF PROCEDURE EXPLAINED	Y	N

WATER HEATERS

STRAPPED	Y	N
PRESSURE VENTED	Y	N
CLEAR FROM STORAGE	Y	N

FURNACES/HEATERS

CLEAR FROM STORAGE	Y	N
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SMOKE DETECTION

PRESENT IN ALL ROOMS/AREAS	Y	N
TESTED OK	Y	N

LANDSCAPE/DEFENSIBILITY

<u>ADDRESS VISIBLE FROM STREET</u>	Y	N
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COMMENTS
