



Emergency Services Department

Email Completed form to: fireinspections@cumberlandcountync.gov

Home Safety Risk Assessment

Address:	Date:
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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 **0.75 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 5 feet?

Interior Inspection

- **Electrical inspection**

- ☐ Do all the electrical outlets have electrical **outlet covers**?
- ☐ **Appliance and extension cords**
 - ☐ Are all appliance and extension cords **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? <https://stovetopfirestop.com/product/rangehood/>
- ☐ 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 self-preservation**?
- ☐ Do all the occupants know to evacuate immediately if a fire occurs and **contact 911** to report the 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:

- ☐ 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**
- ☐ Sign up for Cumberland Alerts on Cumberland County website to receive important updates on weather and other hazardous conditions by visiting <https://member.everbridge.net/453003085616401/new>

Medical Hazards:

- ☐ Patient understands that **smoking while wearing oxygen** can cause fire/explosion leading to injury or death.
- ☐ Patient has **oxygen supply tubing** neatly assembled to prevent a tripping hazard.
- ☐ Patient has considered installing **slip resistant treads** in the shower/bathtub to prevent falls.
- ☐ Patient has considered installing **handrails** to prevent falls.
- ☐ Patient has considered a **shower chair** for ease of bathing and to prevent falls.
- ☐ Patient has **adequate lighting** in all walking areas to prevent falls.

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 **NOT** responsible for items **NOT** discovered or addressed. If you have questions regarding this form, please contact the Cumberland County Fire Marshal's Office via email: fireinspections@cumberlandcountync.gov (or) Call 910-321-6625.