



FIRE SAFETY HOUSE USER SURVEY

Please indicate the number of participants that took part in your demonstration?

- 0 - 50
- 50 - 100
- 100-150
- 150-200
- Over 200 (Specify #): _____

Provide an overview of the individuals that toured the Fire Safety House (FSH)? (Check all that apply)

- Children (1-12), How many? _____
- Teens (12-18), How many? _____
- Adults (18 - 65), How many? _____
- Elderly (65 +), How many? _____
- Other (Specify): _____

Where did you set up the Fire Safety House?

- School
- Fire Hall
- Fair
- Other (Specify): _____

What features of the Fire Safety House did you use as part of your demonstration? (Check all that apply)

- Audio Visual/VCR/Television
- Artificial smoke
- Props - Telephone/Iron/Smoke alarms/Toys etc.
- Kitchen - Oven/Microwave/Stove top/Fridge
- Bedroom - Escape ladder/Heated door
- Living room - Fire place/Matches/Candle etc.
- Propane
- Water supply
- Public address system
- Video cameras
- Exterior lighting
- Extension cords

How long did you use the Fire Safety House?

- Just for the day
- For 2 days
- For 3 - 5 days
- A longer period (Specify): _____

In the space provided, please make any additional comments regarding the FSH program that you feel may be helpful?

What was the condition of the interior when you first picked up the Fire Safety House?

- Clean & tidy
- Not bad, needed a vacuum
- Dirty
- Disaster zone

Did you have enough Fire Prevention material to handout to your visitors?

- YES
- NO

What was the focus of your event? (Check all that apply)

- Kitchen fires
- Fire escape plan
- Burn hazards in your home
- Smoke alarm campaign
- All of the above
- Other (Specify): _____

Did you use any other programs together with the Fire Safety House at your event?

- Sparky costume
- Robotic Sparky
- Fire Hazard House
- Other (Specify): _____

Is any part of the Fire Safety House in need of repair?

- NO
- YES (Specify): _____

In using the Fire Safety House, were you successful in delivering your Fire Prevention message?

- YES
- NO (Specify): _____

Would you use the Fire Safety House again?

- YES
- NO (Why?): _____
- _____
- _____
- _____

Dates Fire Safety House was used. From: / / 20 , To: / / 20 .

THANK YOU FOR COMPLETING THIS SURVEY!