

PAPINEAU-CAMERON FIRE DEPARTMENT FIRE PREVENTION SURVEY

Property Address:
Nearest Intersection: Your road and
Names of Residents:
Main Contact:
Phone #:
Number of Residents: Estimated Driveway Length:
Electrical Panel: Levels: Basement: Y N
Year Home Was Built: Heating System Type:
Heating System Located:
Extinguishers (#, type, location):
Extinguishers (date last serviced):
of Smoke Alarms: # of Carbon Monoxide Detectors:
Date Smoke Alarm(s) Tested:
Date Carbon Monoxide Alarm(s) Tested:
Propane/Oil Tank(s): ▼ Size ▼ Location (Distance from House)
Tank 1
Tank 2
Tank 3

Nearest Water Source:

□ Metal □
Chimney Type:
☐ Metal ☐ None ☐ Block ☐ Brick
etc.
House ▼ Hazardous Items ie. Gas, BBQ, Chemicals, e