ROCKDALE COUNTY
FIRE RESCUE

JANICE VANESS
CHAIRMAN

1496 Rockbridge Rd NW
Conyers, GA 30012
(770) 278-8401 FAX (770) 278-8930
ICHIEFS ID – RCFRHQ

JAMES ROBINSON
FIRE CHIEF

Home Safety Survey Request Form

Today's Date: _____
First Name: _____
Last Name: _____
Requested Appointment Date: _____
Requested Appointment Time *(Tuesday, Wednesday or Thursday at 10:00am or 2:00pm)*: _____

How did you hear about our program?
_____
Address: _____
City: _____
Zip: _____
Phone Number: _____
Email: _____

1. How many smoke alarms do you have in your home (If this information is unknown, type "N/S")? 0 _____
2. Are you having any issues with your smoke alarms (If yes, please explain)? No _____
3. Are your smoke alarms hardwired or interconnected (If this information is unknown, type "N/S")? _____
4. Do you have any gas appliances in your home? Not sure
5. Do you have any carbon monoxide alarms in your home? Not sure
6. Are you interested in the Radon Test? Not sure
7. How many children (0-17yo): 0
8. Number of Adults (18-61): 0
9. Number of Seniors (62+): 0
10. Does the property have a history of or currently have any insect or rodent issues? No
11. Does the property have or has had any bedbugs in the past 3 months? No
12. Has anyone who has been in the home in the last 10 days tested positive for the Flu or COVID-19? No

PLEASE EMAIL COMPLETED FORM TO RCFR_FSE_CRR@rockdalecountyga.gov

FOR OFFICE USE ONLY BELOW THIS LINE

Fire Personnel **Date Received**