# Request a Home Fire Safety Visit

Northamptonshire Fire and Rescue Service have limited resources and therefore want to prioritise Home Fire Safety Visits for people who really need them. We are currently offering Home Fire Safety Visits to:

* People who are less able to help themselves
* People who need more in-depth safety advice because of unusual circumstances
* People who are more at risk

Please complete this form, as honestly as you can, to determine whether you are eligible for a visit. If we cannot prioritise your visit we will write to you to let you know and include important safety advice for you to help keep yourself or your family safe.

**If your property is rented, or a House of Multiple Occupation, we cannot fit or replace smoke alarms. This is the responsibility of your landlord; however, we can still visit you and deliver fire safety advice.**

# Data protection agreement

In this form, we will ask for some personal information (such as name, address, postcode) in order to fulfil your request for information or services.

This information will be held securely and will be used to provide you with the service you have requested. Any processing will be performed in line with the requirements of the Data Protection Act 2018 and the General Data Protection Regulation.

The Service is registered as a Data Controller with the Information Commissioner’s Office under the reference number ZA482017. Further details about how we process personal data can be found in our [privacy notice](https://www.northantsfire.gov.uk/privacy-statement/).

**If you are from an agency referring the occupier, please do not complete this form, complete our** [**partner agency referral form.**](https://www.northantsfire.gov.uk/wp-content/uploads/2023/07/Partner-agency-home-fire-safety-visit-referral.docx)

# Disclaimer

Northamptonshire Fire Service offer a variety of home safety services. This can include:

* Signposting to useful information / self-help toolkits
* Online and telephone advice
* Home visits delivered by either a local fire crew or Home Fire Safety Adviser

# Section 1 – Personal information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this a self-request? | Yes |  | No |  |
| Your name |  | | | |
| Contact number |  | | | |
| Email address |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| If you are making this request for someone else, has consent been granted from the occupier? *We are unable to visit without consent* | Yes |  | No |  | N/A |  |

# Section 2 – Occupier’s details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address |  | | | | | | | |
| Name  *(If not already provided in section 1)* |  | | | | | | | |
| Contact number  *(If not already provided in section 1)* |  | | | | | | | |
| Email address  *(If not already provided in section 1)* |  | | | | | | | |
| If you are not the occupier, do you live with them? | Yes |  | | No |  | N/A | |  |
| If you are not the occupier, what is your relationship to them? | Friend | |  | | Neighbour | |  | |
| Partner | |  | | Relative | |  | |
| Who should be contacted to discuss the request? **Please provide name and contact number** |  | | | | | | | |

# Section 3 – Household factors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please describe the household | Occupant lives alone | | |  |
| Living with other adult(s) no children under 18 | | |  |
| Parent/Guardian/Family with children under 18 | | |  |
| What is the property type? | Privately owned |  | Privately rented |  |
| Housing provider/  Housing Association |  | Council rented |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the property of a House of Multiple Occupation (HMO)? | Yes |  | No |  |
| If it is, your request may be passed onto our Fire Protection Team for further consideration | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Regarding the ages of people in the household, please tick all that apply | 80+ |  | 65 - 80 |  |
| 18 - 65 |  | 5 - 18 |  |
| Under 5 |  | | |
| Does anyone in your household already receive support from any of the following?  *(If yes, tick all that apply)* | Social worker |  | Support worker |  |
| Carer |  | Family member/relative |  |
| Charity or organisation |  | None |  |
| Please provide details of support service or company if known, such as name and contact details |  | | | |

# Section 4 – Concern about fire safety

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you received a threat of arson? | Yes |  | No |  |
| Are there any occupiers in the household that are setting deliberate fires or showing fascination in fire? | Yes |  | No |  |
| Are there working smoke alarms?  (There should be a minimum of one per floor, further information is available on our [website](https://www.northantsfire.gov.uk/smoke-and-carbon-monoxide-alarms/)) | Yes |  | No |  |
| Are your possessions affecting the use of your living space? | Yes |  | No |  |
| Are your escape routes clear? | Yes |  | No |  |

# Factors affecting an occupier’s ability to understand, call for help and escape safely if a fire starts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Factors which could affect ability to escape or raise alarm  *(Select all that apply)* | Memory |  | Ability to make safe decisions |  | Hearing |  |
| Sight |  | Reliance on alcohol/medicine/ drugs |  | Limited mobility |  |
| Bedbound |  | Other |  | None |  |
| Please provide further information on any factors selected above | |  | | | | |

# Section 5 – Factors increasing likelihood of fire

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does anyone in the household smoke? | Yes |  | No | |  | If yes, are they bedbound? | | | Yes | |  | | No |  |
| Is there a home oxygen user? | Yes | | |  | | | No | | | | |  | | |
| For home oxygen users, select all that apply | Used around open flames | | | | | | |  | | Smoking risk | | | |  |
| No open flames | | | | | | |  | | No smoking risk | | | |  |
| Is there an emollient user? | Yes | | |  | | | No | | | | |  | | |
| For emollient users, select all that apply | Used around open flames | | | | | | |  | | Smoking risk | | | |  |
| No open flames | | | | | | |  | | No smoking risk | | | |  |
| Have there been any previous fires, a near miss or burn marks? | Yes | | |  | | | No | | | | |  | | |
| If yes, describe further information regarding any incidents |  | | | | | | | | | | | | | |

# Section 6 – Living environment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select all fire safety concerns that apply | Electrical safety |  | Cooking safety |  | Safe heating methods |  |
| Use of candles |  | No phone |  | No assistive technology |  |
| No lifeline |  | Other |  | None |  |

|  |  |
| --- | --- |
| Can you provide any further information which could help us to process your request? |  |

Thank you for completing this form, please email it to [enquiries@northantsfire.gov.uk](mailto:enquiries@northantsfire.gov.uk) and we will be in touch.