



Smoke/Carbon Monoxide Alarm Guidelines for EXPRESSION OF INTEREST (First Order)

Note: This is an Expression of Interest for first time ordering smoke alarms from FNESS. If you are placing a supplementary order, refer to Supplementary Order Expression of Interest.

1. All First Nation Communities are invited to submit an expression of interest for smoke alarms for First Nations homes. The expression of interest identifies a First Nation's need for smoke alarms to fill in gaps in the fire protection of individual homes occupied by First Nations living on reserve.
2. An expression of interest must be submitted with at least one of the following:
 - Band Council Resolution (BCR) or;
 - Letter from your Chief & Council or Band Manager/Administrator.

This letter should specify the number of smoke/carbon alarms requested for the First Nations homes, and your First Nation's intent to install the smoke/carbon alarms to each home **within 3 months of receiving them**. We suggest you have delegated the installation responsibility before sending this expression of interest to ensure completion. *See the completion form attached.*

3. The Canadian Association of Fire Chiefs recommends one smoke alarm installed on each floor of a home and outside each bedroom or sleeping area. According to BC Building Code: Smoke alarms in dwelling units shall be installed between each sleeping area and the remainder of the dwelling unit, and where the sleeping areas are served by hallways, the smoke alarms shall be installed in the hallways.
4. FNESS is available to provide advice on where to install the smoke alarms, and how to test and maintain them. FNESS can be contacted at 1-888-822-3388 or by email fireservices@fness.bc.ca
5. The distribution of smoke alarms to First Nations communities will be processed by FNESS.
6. The installation of smoke alarms is only part of the solution to reducing the risks to life, injury and damage to property due to house fires. The effectiveness of smoke alarms is increased greatly with an on-going commitment to home safety check to ensure that smoke alarms remain functional, and community education campaign on fire safety and prevention.
7. All First Nations are encouraged to contact FNESS to apply for an in-community public education sessions on home fire safety, home inspection education, school fire prevention ed. or Fire Protection leadership.
8. Please, submit your expression of interest request via one of the following methods:

Fax: 604-669-9832 **Email:** fireservices@fness.bc.ca

Mail: First Nations Emergency Services Society 102-70 Orwell St. North Vancouver BC, V7J 3R5

Smoke Alarms must be installed within 3 months after receiving them. The FNESS Smoke Alarm Completion form must be sent to FNESS by fax or email upon completing the installation. You will receive the completion form with the smoke alarms.



**Smoke/Carbon Monoxide Alarm
EXPRESSION OF INTEREST
First order form**

Community Contacts for Installations (all fields are mandatory):

First Nation Name:	
Shipping Address (PO BOX NOT accepted, physical address only):	
Name of Primary Contact:	
Primary Contact Position:	
Email:	Telephone:
Name of Alternative Contact:	
Email:	Telephone:
Chief, Councillor or Administrator name and signature	

Request for Smoke/Carbon Monoxide (CO) Alarms (all fields are mandatory):

Refer to point 3 in the guideline section provided. According to BC Building Code: Smoke alarms in dwelling units shall be installed between each sleeping area and the remainder of the dwelling unit, and where the sleeping areas are served by hallways, the smoke alarms shall be installed in the hallways.

Type of Home	Total number of On-Reserve Homes	Homes in need of Smoke and CO alarms	# Combination Smoke and CO Alarms Needed
Detached House			
Duplex Unit			
Apartment Unit			
TOTALS			

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Please, complete the following questionnaire for your order to be processed.

1. If all homes on reserve are not needing smoke/CO alarms from FNESS, please provide a valid reason:

2. Does your community have a program of regular home safety checks? YES NO

If yes, please check any activities that apply.

- | | |
|--|---|
| <input type="radio"/> Test smoke alarms | <input type="radio"/> Test home heating appliances |
| <input type="radio"/> Test carbon monoxide detectors | <input type="radio"/> Clean and service wood-fired chimneys |
| <input type="radio"/> Check fire extinguishers | <input type="radio"/> Clean dryer vents |

Other: _____

If yes, who performs the home safety checks?

- Community Fire Department
- Contracted Fire Protection Service Provider (i.e. Municipal Type Services Agreement)
- Public Works or Maintenance
- Housing

Other: _____

Have you received the monthly newsletters or calendar from FNESS this year?

- Yes
- No

If No, would you like to? (Please include email address).

You can email or FAX your completed EXPRESSION OF INTEREST and letter from your Chief & Council or Administrator:

Email: fireservices@fness.bc.ca

FAX: 604-669-9832

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Smoke Alarm Installation Completion Form

To support First Nation communities in the implementation of the smoke alarm campaign, FNESS requests the completion of this form to assist in documenting the progress of each community and their success in creating safer homes for community members. **Smoke Alarms must be installed within 3 months after receiving them.**

Community Contact:

First Nation:	Primary Contact	Email:	Telephone
	Secondary Contact:	Email:	Telephone

Number of Smoke Alarms received from FNESS	Number of Smoke Alarms Installed	Number of homes where smoke alarms were installed	Date of installation completion (NOT STARTING DATE)	Signature

1. At the end of the installations, do all homes on-reserve now have a working smoke alarm?

Yes No

If No, provide a valid reason:

****If you were not able to complete the smoke alarm installation, please describe the reasons and further actions in the box below (i.e. send them back to FNESS). Is there a plan to complete the installation?**

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