



## **Smoke/Carbon Monoxide Alarm Guidelines for EXPRESSION OF INTEREST For Supplementary Orders**

1. Fill in the supplementary order Expression of Interest. Please, provide accurate information and total number of on-reserve homes.
2. Supplementary orders are available :
  - Replacing damaged or faulty or outdated smoke alarms
  - Installing additional smoke alarm in a unit following BC Building Code recommendations
  - Installing in homes that did not get a smoke alarm installed in the past
  - Installing in new homes
  - For other reasons contact FNESS
3. Supplementary orders are **NOT** available to:
  - Give away as a gifts or prizes for community events
  - Keep as spares for the future
  - Resale
4. 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.*

5. 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.
6. FNESS is available to provide advice on where to install the smoke alarms, and how to test and maintain them.
7. The distribution of smoke alarms to First Nations communities will be processed by FNESS.
8. Please, submit your expression of interest request via one of the following methods:

**Fax:** 604-669-9832 **Email:** [fireservices@fness.bc.ca](mailto:fireservices@fness.bc.ca)

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



## Smoke/Carbon Monoxide Alarm EXPRESSION OF INTEREST

### For Supplementary Orders

To process your request you need to have submitted the completion form from last order

#### Community Contacts for Installations

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:

➤ Fill in the information below, provide accurate information. All fields are mandatory.

Information on homes and previous installations	# of homes	Total # Smoke and/or CO Alarms <u>Installed to date</u>
Total number of On-Reserve Homes?		
Number of homes that acquired alarms in previous order		
Information on alarms per home to be requested	# of homes	# Combination Smoke and CO Alarms Needed
<b>A.)</b> Home many homes that received alarms in the last order need additional alarms? How many alarms are needed? <i>I.E. if 3 homes require 2 alarms more per home, write 3 and 6 respectively in each column to the right.</i>		
<b>B.)</b> How many homes will get alarms for the first time from this supplementary order? How many alarms are needed? <i>I.E. If 2 homes did not get last time, and they need 2 alarms each, write 2 and 4 respectively in the columns to the right.</i>		
<b>Total Alarms Needed/Requested in this supplementary order (A+B)</b>		

Smoke/CO 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 alarms.



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

Smoke/CO 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 alarms.



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:**

<b>First Nation:</b>	<b>Primary Contact</b>	<b>Email:</b>	<b>Telephone</b>
	<b>Secondary Contact:</b>	<b>Email:</b>	<b>Telephone</b>

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?**