



**Fire Extinguishers EXPRESSION OF INTEREST
For Supplementary Orders**

To process this order you need to have submitted a 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:
Date of Request:	

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

Information on homes and previous installations	# of homes	Total # Fire Extinguishers Installed to date
Total number of On-Reserve Homes?		
Number of homes that acquired Fire Extinguishers in previous order and extinguishers installed		
Information on extinguishers per home to be requested	# of homes	# Fire Extinguishers Needed (1 per home)
A.) How many homes that received fire extinguishers in the last order need new extinguishers? How many extinguishers are needed? <i>I.E. if 3 of these homes need new ones, then write 3 and 3 in the columns to the right</i>		
B.) How many homes will get a fire extinguisher for the first time from this supplementary order? How many extinguishers are needed? <i>I.E. If 3 homes <u>did not</u> receive last time, then write 3 and 3 in the columns to the right</i>		
Total Fire Extinguishers Requested in this supplementary order (A+B)		

Fire Extinguishers must be installed within 3 months after receiving them. The FNESS Fire Extinguisher Completion form must be sent to FNESS by fax or email upon completing the installation. You will receive the completion form with the fire extinguishers.



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

1. If all homes on reserve are not needing fire extinguishers 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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