

## HOME SAFETY

- I. Outline a home fire plan, and discuss and explain it to your family. (Submit outline for your Commander's review.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

- II. Conduct a home fire drill. Parent's Signature. \_\_\_\_\_

Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

- III. Survey your home for fire hazards. (List for review by your parents and the Commander.)

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Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

IV. Locate and learn to turn off the following:

A. Main fuse boxes. Parent's signature. \_\_\_\_\_

B. Main natural gas, liquid propane gas, or outside oil tank valves.

Parent's signature. \_\_\_\_\_

C. Main water valve. Parent's signature. \_\_\_\_\_

Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

V. Survey your home for electrical hazards. (Submit list of hazards for review by your parents and your commander.)

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Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

VI. Survey your home for hazardous chemicals and poisons, and plan for proper storage or disposal in cooperation with your parents.

Parent's signature. \_\_\_\_\_

Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

VII. Survey your home for dangerous areas and conditions - such as unsafe stairways, broken glass, and unprotected fans. List and discuss the elimination of these with your parents.

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Parent's signature. \_\_\_\_\_

Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

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Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

XII. Assemble a home first aid kit.

Date Completed: \_\_\_\_\_ Commander's Initials: \_\_\_\_\_

XIII. Prepare a list of emergency phone numbers for the following:

A. Local police: \_\_\_\_\_

B. Fire Department: \_\_\_\_\_

C. Ambulance: \_\_\_\_\_

D. Family doctor. \_\_\_\_\_

E. Power company. \_\_\_\_\_

F. Family members - business phone # \_\_\_\_\_