


Name _____

Fire Prevention Week
Checklist

Check It Out!

Read the fire safety checklist below with your parents.
✓ Check off each box as you go.

<input type="checkbox"/>	We checked the batteries in our smoke detectors.
<input type="checkbox"/>	We have a safe place to meet outside our home.
<input type="checkbox"/>	I know to call 911 for help in case there is a fire.
<input type="checkbox"/>	I know my name and address.
<input type="checkbox"/>	I know to stop, drop, and roll if fire gets on my clothes.
<input type="checkbox"/>	We practiced our fire drill at home.



Bonus Box: Ask an adult for help. On the back of this page, draw a map of your house and a path that shows how you would get out if there were a fire.