

USAGE REPORT FOR FIRE SAFETY HOUSE

Columbia County Fire Chief s'Association Fire Safety and Prevention Committee

Was the Fire Safety House in good condition upon receipt? _____

Was the Fire Safety House returned in clean and good condition? _____

Was the smoke machine flushed properly? _____

List any areas of required maintenance:

Number of persons toured: _____

Age range of persons: _____

Amount of materials used: _____

Comments: _____

Acceptance date: _____ Signature: _____

Return date: _____ Signature: _____

Verified by: _____