**Home Fire Safety Visits (HFSVs)**

**SFRS Egress Form**

**Interim Partner Referral Form**

USE THIS FORM IF YOU ARE COMPLETING A REQUEST FOR SOMEONE WHILST YOUR ORGANSIATION IS SIGNING UP TO THE DATA SHARING FRAMEWORK

If your organisation has registered with SFRS complete a partner referral via the SFRS website <https://www.firescotland.gov.uk/contact-us/home-fire-safety-visits/>

Please note we can only accept referral forms if they are sent via **Egress.** If you do not have Egress, call 0800 0731 999 (the same information on the form below will be required)

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| **GDPR statement – Please read to individual when completing the form** |
| “It is important that you understand how your personal information will be collected and used as well as your Data Protection rights. Details will be provided to you in the form of a Privacy Notice during the visit, or you can look at our website for this information at any time prior to the visit” |

**ALL FIELDS IN GREEN MUST BE COMPLETE TO ALLOW A VISIT REQUEST TO BE RECORDED**

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| **Occupier details** |
| Title |  |
| First name |  |
| Last name |  |
| Address and post code |  |
| Date of birth |  |
| Email (required if email chosen as preferred contact method) |  |
| Phone |  |
| Preferred contact method |[ ]  Email |[ ]  Text |
|  |[ ]  Phone |[ ]  Letter |

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| **Property details** |
| Housing type |[ ]  Bungalow |[ ]  Flat |[ ]  Stately home |
|  |[ ]  Detached |[ ]  Flat – high-rise |[ ]  Other dwelling |
|  |[ ]  Semi-Detached |[ ]  Sheltered Housing |[ ]  Unknown - Confirm with occupier |
|  |[ ]  Terrace |[ ]  Static Caravan |  |  |
| Housing ownership |[ ]  Owner Occupied |
|  |[ ]  Private let |
|  |[ ]  Local Authority |
|  |[ ]  Housing association – Please state |
|  |[ ]  Unknown - Confirm with occupier |

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| **Initial contact preferences** |
| SFRS will always make contact initially by telephone to arrange a suitably convenient time to conduct a home visit. If it is not suitable to make the initial call to the named occupier, who should be contacted to help arrange the visit? |
| Name |  |
| Contact number |  |
| Relationship to householder |[ ]  Friend |[ ]  Family member |
|  |[ ]  Neighbour |[ ]  Other professional person |

**CRITERIA**

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| **1**  | **There are behaviours, circumstances, or conditions that can make a person more at risk from fire or less able to react in an emergency. Please select all that apply to anyone living in the household** |
| 1.1  | Fire related crime and antisocial behaviour involving fire: |
|  |[ ]  Anyone in the household currently a target of fire related crime? |[ ]  Anyone in the household who has shown an interest/fascination in fire? |[ ]  Not applicable |

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| 1.2 | **Increased risk of fire due to** |
|  |[ ]  Age – over 65 years old |[ ]  Alcohol dependency |[ ]  Drug/substance dependency |
|  |[ ]  Uses medical oxygen and someone in the household smokes |[ ]  Uses emollient products and someone in the household smokes |[ ]  Uses a medical airflow mattress and someone in the household smokes |
|  |[ ]  Not applicable |  |  |  |  |

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| 1.3 | **Ability to react in the event of a fire** |
|  |[ ]  Unable to self-evacuate in an emergency due to mobility issues or medical condition including hearing and/or visual impairment |[ ]  Uses medication that causes drowsiness, visual disturbance or dizziness |[ ]  Dementia/cognitive impairment |
|  |[ ]  High levels of clutter/hoarding |[ ]  Not applicable |  |  |

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| 1.4 | **The following can be seen within the home** |
|  |[ ]  Visible scorch or burn marks |[ ]  Signs of unsafe cooking practices |[ ]  Signs of unsafe smoking practices |
|  |[ ]  Unknown – household not accessed/observed |[ ]  Not applicable |  |  |

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| **2**  | **Smoke detection** |
| 2.1 | Does the property have working smoke alarms? |
|  |[ ]  Yes |[ ]  No |[ ]  Unknown |

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| **3**  | **Any other relevant information?** |
| 3.1 | Please state any other relevant information in the box below. For example, joint visit required with partner agency, no-lone working, use the side door to access property etc. |
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