A red triangle with white text

Description automatically generated**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |

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

|  |  |
| --- | --- |
| **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. |
|  |  |