

Fire Prevention Week 2016 Evaluation

Please complete the following survey and fax it back to the Office of the Fire Commissioner (250-952-4888).

1. Did your fire department promote Fire Prevention Week 2016? Yes No

If you answered no to this question please skip to question #7.

2. Was the number of children's activity books correct for your department?

If not: More required _____ Less required _____

3. Did you use the Fire Prevention Week implementation kit from the Office of the Fire Commissioner to assist with your Fire Prevention Week activities? Yes No

4. Do you support putting all materials on the website rather than printing kits? Yes No

5. What Fire Prevention activities did you conduct in your local community? (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="radio"/> School presentations | <input type="radio"/> Children's activity booklets | <input type="radio"/> Home fire safety inspections | <input type="radio"/> Smoke Alarm Installation Program |
| <input type="radio"/> Open house | <input type="radio"/> Fire Chief for a day | <input type="radio"/> Learning stations | <input type="radio"/> Fire drills |
| <input type="radio"/> Media advertising | <input type="radio"/> Fire safety fair | <input type="radio"/> Fire safety displays | <input type="radio"/> Smoke alarm give away |
| <input type="radio"/> Safety Stars | <input type="radio"/> Other _____ | | |

6. What audience(s) did you target for your Fire Prevention Week activities? (check all that apply)

- | | | | |
|-----------------------------------|--------------------------------------|-------------------------------|---------------------------------------|
| <input type="radio"/> Families | <input type="radio"/> Children | <input type="radio"/> Seniors | <input type="radio"/> Rural audiences |
| <input type="radio"/> Adults | <input type="radio"/> General public | <input type="radio"/> Teens | <input type="radio"/> Urban audiences |
| <input type="radio"/> Other _____ | | | |

7. What partner(s) did you work with to conduct your Fire Prevention Week activities? (check all that apply)

- | | |
|--|--|
| <input type="radio"/> Local schools | <input type="radio"/> Health Authorities |
| <input type="radio"/> Local media | <input type="radio"/> Corporate partners |
| <input type="radio"/> Local businesses | <input type="radio"/> High profile community members |
| <input type="radio"/> Other _____ | |

8. How did the above partner(s) support your Fire Prevention Week activities? (check all that apply)

- | | |
|---|--|
| <input type="radio"/> Donate money | <input type="radio"/> Donate display space or activity space |
| <input type="radio"/> Donate volunteer time | <input type="radio"/> Donate prizes, products or materials |
| <input type="radio"/> Other _____ | |

9. How can the OFC provide better assistance to your Fire Prevention Week activities next year?

Fire Department _____ Survey completed by _____

Phone Number _____ Email Address _____

For questions or comments, please contact Emergency Management BC/Office of the Fire Commissioner at 1-888-988-9488 or email OFC@gov.bc.ca. Thank you for completing this survey!