

Fire Assessment Screening Tool (F.A.S.T)

Name of youth: _____

Date of Birth: ___/___/___/

Date: _____

Name of person filling out this questionnaire: _____

Please mark the box **Yes** **No** or **Sort of** for each question if the statement is applicable.

Have you ever lit anything on fire? Yes No Sort of

Were you ever with someone who lit anything on fire? Yes No Sort of

Have you ever accidentally pulled the fire alarm? Yes No Sort of

Have you ever collected matches and/or lighters? Yes No Sort of

Have you ever used matches and/or lighters for tricks? Yes No Sort of

Has a friend/ peer ever asked you to set anything on fire? Yes No Sort of

Have you ever used fireworks? Yes No Sort of

Has anyone in your home set anything on fire inappropriately? Yes No Sort of

Are children allowed to use incense, candles, a fireplace, or a woodstove in your home? Yes No Sort of

Have you ever singed or burned anything? Yes No Sort of

Are you interested in fire? Yes No Sort of

Scoring of the F.A.S.T

Any **yes** or **sort of** response warrants further screening and referrals should be made to the Program Manager at the Care Plus NJ Fire Prevention Program (201-797-2660, ext. 144).