



Riverview Center  
150 Broadway, Suite 560  
Menands, NY 12204  
Phone: (518) 431-1218  
Fax: (518) 431-1234  
e-mail: slh05@healthresearch.org

---

September 28, 2010

Dear Participating Fire Department:

The New York State Department of Health (NYSDOH) Bureau of Injury Prevention, New York State Office of Fire Prevention and Control (OFPC) and Health Research, Inc. (HRI), as part of the FEMA Fire Prevention and Safety grant, will aid your community's efforts to reduce the incidence of residential fires and fire related injuries and deaths; increase the prevalence of functional smoke alarms; and increase the level of fire safety knowledge among alarm recipients.

This program, with assistance from local organizations such as yours, will focus upon the identification of neighborhoods and households at greatest risk for fires and fire-related injuries and in need of operational smoke alarms. Smoke alarms will be installed in identified households and residents will be provided with individualized, in-person fire safety education.

This Letter of Agreement is intended to solidify the relationship between the NYSDOH/HRI and OFPC and your organization for the period from \_\_\_\_\_ through April 18, 2011 and to facilitate the accomplishment of common goals and objectives concerning this project.

NYSDOH/HRI and OFPC agree to do the following:

1. Facilitate and provide on-site training for fire department staff from your department as well as staff from the local county health department, regarding program guidelines for the smoke alarm installation and education program.
2. Provide program guidelines which include program implementation information, instruction on program reporting and evaluation protocols, and copies of associated reporting forms.
3. Provide a standard waiver of liability form related to smoke alarm distribution and installation.
4. Provide your organization with smoke alarms for installation in identified households.
5. Provide any information and technical assistance including email correspondence; conference calls; and site visits; or other resources and methods that will facilitate the implementation of this program.

September 28, 2010

Page 2

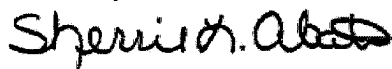
In exchange for these services provided by the NYSDOH/HRI and OFPC, your organization agrees to be responsible for the following:

1. Adherence to the Statement of Work as described in Attachment A.
2. Adherence to the guidelines regarding the Waiver of Liability (Attachment B). It is understood that no smoke alarms will be installed in a residence until the Waiver of Liability has been completed and signed by both parties. The local organization must provide all completed waivers to the County Fire Coordinator or designee for signature and retention.

In addition, your organization agrees to indemnify and hold harmless HRI, NYSDOH, OFPC and the State of New York from and against any and all claims of any third parties from damages and expenses of whatsoever nature arising from, growing out of, or related to your organization's performance or sole failure to perform during and pursuant to this Letter of Agreement. This letter shall be signed by an individual authorized to do so for your organization.

To indicate your agreement with the terms set forth herein, please sign below and return the original signed copy of this letter to my attention at the above address as soon as possible. Should you have any questions, please do not hesitate to contact me at (518) 431-1218 or Amy Yost from the NYSDOH Bureau of Injury Prevention at (518) 473-1143.

Sincerely,



Sherrie L. Abate  
Contract Administrator

Health Research, Inc.

Fire Department

\_\_\_\_\_  
Michelle Coyne  
Director, Subcontract Unit  
Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Date: \_\_\_\_\_

cc: Susan Hardman – Riverview Ctr. – 3<sup>rd</sup> Fl.

**New York State Fire Prevention and Safety Program  
Smoke Alarm Distribution and Installation**

**Statement of Work**

Participating fire departments will perform the following activities related to the Fire Prevention and Safety Program to prevent fires and fire-related injuries and deaths to residents in identified high-risk areas to achieve program goals:

- A. Designate an individual responsible for coordinating smoke alarm installation, fire safety education and reporting activities and assuring that program deliverables are met in a timely manner.
- B. Participate in training programs conducted by the NYSDOH and the OFPC or receive training from other fire department staff who attended this training. Ensure that adequate installers are trained to meet program deliverables.
- C. Identify households and neighborhoods most at risk for fires and fire-related injuries which will be targeted for this program. County health departments have designated a staff person who will assist you by reaching out to their partners and coalitions to promote the program, identifying and recruiting members of the target community, and developing promotional opportunities and strategies.
- D. Ensure that Waiver of Liability (Attachment B), Smoke Alarm Installation Application (Attachment C), and Smoke Alarm Assessment and Installation Record forms are completed for each household receiving smoke alarm(s). Establish a process to return these completed forms to the County Fire Coordinator who will maintain these records on file for a minimum of seven years.
- E. Install smoke alarms and provide in-person individualized fire safety education in accordance with program guidelines.
- F. Store uninstalled smoke alarms in a secure, locked area and maintain current inventory.
- G. Complete program paperwork and forward to the County Fire Coordinator, or designee, to ensure timely submission of program monthly and final reports.
- H. Provide information as requested to the County Fire Coordinator or designee.

**Waiver of Liability****New York State Fire Prevention and Safety Program: Smoke Alarm Distribution and Installation**

I understand and agree that this/these smoke alarm(s) is/are provided as a public service in the interest of safety. I further understand that neither the New York State (NYS) Department of Health, Health Research, Incorporated, NYS Office of Fire Prevention and Control, New York State nor the \_\_\_\_\_, or agents thereof, are dealers in smoke alarms or agents for any manufacturer or distributor of these smoke alarms. The New York State Department of Health, Health Research, Incorporated, NYS Office of Fire Prevention and Control, New York State and the \_\_\_\_\_, or agents thereof, make no expressed or implied warranties as to the fitness or merchantability of the smoke alarm(s), and assume no responsibility for the consequences of proper or improper use of the same.

In consideration of the undersigned receiving a smoke alarm(s) as part of the New York State Fire Prevention and Safety Program, I agree to forever refrain from instituting, pressing, or in any way assisting or aiding any claim, demand, action or cause of action against the NYS Department of Health, Health Research, Incorporated, NYS Office of Fire Prevention and Control, New York State or the \_\_\_\_\_, and the employees, agents and volunteers of any of them, for injuries, damages, costs, loss of services or consortium, expenses or compensation, for, on account of, or in any way growing out of, or which hereafter may grow out of the use of the smoke alarm(s) or services provided.

The undersigned releases the NYS Department of Health, Health Research, Incorporated, NYS Office of Fire Prevention and Control, New York State and the \_\_\_\_\_, and the employees, agents and volunteers of any of them, from losses and liabilities attributable to the negligent acts or omissions of the NYS Department of Health, Health Research, Incorporated, NYS Office of Fire Prevention and Control, New York State and the \_\_\_\_\_, their employees, agents and volunteers arising out of, occasioned by, or in connection with the New York State Fire Prevention and Safety Program.

I give permission for the agency named below, representing the New York State Fire Prevention and Safety Program, to enter the home I own/rent at \_\_\_\_\_ (address) and install a smoke alarm(s) as necessary.

Signature of Home Owner/Landlord/Renter: \_\_\_\_\_

The smoke alarm(s) was/were provided by the NYS Department of Health/Health Research, Incorporated and installed by the \_\_\_\_\_ (name of organization) on \_\_\_\_\_ (date).

The smoke alarms(s) was/were tested and is/are in working order. \_\_\_\_\_ Yes \_\_\_\_\_ No

I received education regarding the proper maintenance and use of the smoke alarm(s) and fire prevention and safety education. \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Recipient: \_\_\_\_\_

Signature of Smoke Alarm Installer (witness): \_\_\_\_\_

Signature of County Fire Coordinator/ Local Project Coordinator: \_\_\_\_\_