



Delaware Office for the Deaf & Hard of Hearing

Fire and Carbon Monoxide Alert Device Program (HB53) Device Distribution & Liability Agreement

Participant Information

Name: _____ Phone: _____

Email: _____

_____ _DE_ _____
Street Address **City** **State** **Zip**

Device Acknowledgment and Agreement

I acknowledge receipt of fire and/or carbon monoxide alert device(s) provided through the Fire and Carbon Monoxide Alert Device Program (HB53). All equipment is provided at no cost for the participant.

Device information (to be completed by ODHH / Fire Marsha):

Device(s) Installed (check all that apply):

- Fire Alarm
- Carbon Monoxide Alarm
- Combination Fire/CO
- Visual Flasher
- Bed Shaker

See reverse side for manufacturer, model, serial number(s), and room/location details.

Installation Completion Verification

The undersigned installer confirms the approved device(s) listed above were installed at the address provided on _____ (date). This verification confirms installation completion only and does not transfer responsibility for ongoing performance, maintenance, repair, replacement, or future condition to ODHH or the Delaware State Fire Marshal.

Fire Marshal Name (Print) & Signature: _____ Date: _____

Responsibilities and Use

I agree with the following:

- The device(s) are provided for use at the address listed above.
- I will not modify, remove, or disable the device(s).
- I will notify ODHH if I move, no longer require the device(s), or if the device(s) are damaged, removed, replaced, or not functioning so ODHH may update program records.
- Replacement or repair is addressed between the participant and the installing company/vendor under applicable warranty or service terms. ODHH will update program records when notified of a change in device status.

Liability Acknowledgment

I understand that:

- The Delaware Office for the Deaf and Hard of Hearing (ODHH) is responsible for program coordination and administrative oversight.
- The Delaware State Fire Marshal is responsible for home safety assessment, equipment determination, installation, and fire safety education.
- ODHH is not responsible for emergency response, fire suppression, or system monitoring.
- Installation verification does not create system monitoring obligations or ongoing maintenance responsibility for ODHH or the Delaware State Fire Marshal.
- Receipt of equipment does not eliminate the risk of fire or carbon monoxide exposure.

Support and Contact

For program coordination or administrative matters, contact the Delaware Office for the Deaf and Hard of Hearing (ODHH). Device malfunctions, defects, repairs, replacements, or warranty-related issues are addressed between the participant and the installing company or vendor. Fire safety education and installation-related concerns may be referred to the Delaware State Fire Marshal.

Participant Name (Print) & Signature: _____ Date: _____

ODHH Coordinator (Print) & Signature: _____ Date: _____



Delaware Office for the Deaf & Hard of Hearing

Device Installation Details

Participant Name: _____ Date of Installation: _____

Installed at Participant Address listed in Participant Information

Device Type	Manufacturer	Model	Serial Number	Room / Location