

# Fire Watch Log Sheet

Name of building under fire watch \_\_\_\_\_

Person performing fire watch duties \_\_\_\_\_

I have read the instructions about conducting this Fire Watch and understand that I am responsible to follow those instructions and patrol my designated area at least once every 15 minutes if the facility has people sleeping, is an institutional facility, or is an occupied assembly facility. Patrols are required every 30 minutes for all other facilities.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_/\_\_\_ am pm Area patrolled: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_/\_\_\_ am pm Area patrolled: \_\_\_\_\_

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Notes/Comments:

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