

FIRE WATCH LOG

Facility Name _____

Address _____

NOTIFY AMHERST FIRE CONTROL 689-1212 WHEN A FIRE PROTECTION SYSTEM IS TAKEN OUT OF SERVICE & PUT BACK IN SERVICE

FIRE WATCH REASON	TYPE OF SYSTEM OR EQUIPMENT IMPAIRED		
Maintenance <input type="checkbox"/>	Fire Sprinkler System <input type="checkbox"/>	Fire Alarm System <input type="checkbox"/>	Underground Building Fire Protection Water Supply <input type="checkbox"/>
Emergency <input type="checkbox"/>	Private Fire Hydrant <input type="checkbox"/>	Fire Suppression System <input type="checkbox"/>	Fire Pump <input type="checkbox"/>

Reason for Impairment: _____

RESPONSIBILITIES: *The responsibilities of fire watch personnel include: performing constant patrols of the premises to keep watch for fires, report all fires to the 911 Dispatch Center, maintain a means of communication with 911 Dispatch, record actions during fire watch.*

Was Fire Control notified of impairment?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date of Impairment _____
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Date & Time Fire Control Notified system back in service		Date system restored _____
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Person Spoke to at Fire Control	
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Area of Building	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	12am	
1.																									
2.																									
3.																									
4.																									
5.																									
6.																									
7.																									
8.																									

INITIAL AT THE TIME AND LOCATION BEING OBSERVED
KEEP THIS LOG FOR AMHERST FIRE INSPECTOR REVIEW