

Appendix A - Fire Watch Documentation

This form must be completed and maintained by the department whenever a Fire Watch is implemented.

Today's Date: _____ Fire Watch Officer completing form: _____

Campus Building Name: _____

Floor Number and Room Numbers: _____

Start Date and Start Time of Fire Watch: _____

End Date and End Time of Fire Watch: _____

Description of Work or System Interruption Requiring Fire Watch:

Date and Time	Safe Conditions Maintained

Name of Person Performing Fire Watch: _____

Title of Person Performing Fire Watch: _____