



Fire Watch Form

- Don't reset the alarm if you believe it's a system malfunction, silence it only.
- Fill out **all** portions below intended to assist the FMO in follow-up.
- Read through the fire watch requirements with the responsible party.
- Responsible party must sign agency copy signifying they understand requirements.
- If fire watch is declined, identify the name of the individual declining fire watch.
- Was the building secure when you left? Yes No
- Leave the fire watch forms with the responsible party, or at the FACP/office mgr door .
- Identify the appropriate follow-up agency if out-of-jurisdiction
- Scan and email the agency copy to the other jurisdictions FMO, cc your FMO.
- Include the agency copy with your fire incident report as an attachment.
- Notify the FMO of all Fire Watches by emailing your local Fire Marshal.

Date/Time _____ Location Name _____

Address _____

Building Owner Manager Name _____

Phone _____

System Out of Service: Fire Alarm Sprinkler Monitoring Other _____

Status of system _____

Monitoring Co: Name _____

Phone _____ Account# _____

FIRE WATCH RESPONSIBILITIES

The Fire Watch is required 24 hours a day. Fire Watch personnel must be aware of and accept the duties of the Fire Watch. After hours Fire Watch personnel must be on location and must patrol the building following the close of business. The Fire Watch shall be maintained until the system(s) are operational as determined by the Fire Prevention Bureau.

FIRE WATCH ISSUED TO:

Name: _____

Phone #: _____

Signature: _____

Date: _____

Apparatus officer to return this sheet to the Fire Marshal's Office

FIRE WATCH REQUIREMENT

THIS LOCATION HAS BEEN PLACED ON FIRE WATCH by the FIRE DEPARTMENT

To be left with Responsible Party

Fire protection system maintenance and operation are the responsibility of the property owner, or manager. Implementation of the fire watch and system repairs are the responsibility of the same. Due to the inoperative fire protection system(s) in your facility, you are required to provide a Fire Watch. Fire Watch shall be maintained until the system(s) are operational as determined by the Fire Marshal's Office. Email paperwork to verify completion of repair work and restoration of system monitoring to your Local Fire Marshal's Office

Date/Time of Incident: _____ Fire Department Incident Number: _____

System Out of Service: Fire Alarm Monitoring Sprinkler Other _____

Requirements for conducting Fire Watch as follows:

- Document your walkaround intervals on the next page.
- Know where the fire extinguishers are located throughout the building(s) and how to use them.
- Know where the telephones are and have quick access to them.
- Have keys to all buildings and interior rooms as well as exterior gates.
- Walk around the exterior of the building(s) and the entire interior, including all floors every 15 minutes* keeping diligent watch for fires.
- Dial 911 if a fire is detected.
- The owner or designee shall make every effort possible to see that the system or situation is fixed and taken care of as soon as possible.
- Notify the local Fire Marshal's Office as soon as the situation is taken care of.
- Completed "Fire Watch Forms" must be made available at the request of the Fire Marshal's Office.

*Occupied facilities that do not meet the requirements for a 15-minute patrol frequency should have a fire watch patrol every 30 minutes.



Seattle Emergency Firewatch
85 South Washington St #301
Seattle, WA 98104
(206) 657-6227
Info@Seattleemergencyfirewatch.com

FIREWATCH FORM

Per City Ordinance, a fire watch is required at:



BUSINESS NAME:						PHONE NUMBER:					
BUILDING ADDRESS:											
SYSTEM TYPE:			SPRINKLER <input type="checkbox"/>			FIRE ALARM <input type="checkbox"/>			OTHER:		
FIREWATCH REQUIRED BY:						STARTING TIME:			DATE:		
PERSON RESPONSIBLE FOR FIREWATCH				NAME (PRINT):				SIGNATURE:			
TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS
NAME OF THE FIRE ALARM COMPANY:				TIME FIRE ALARM PLACED IN SERVICE:				PHONE NUMBER:			
NAME (PRINT)						SIGNATURE					
Upon Completion of Fire Watch: 1. Notify your local Fire Marshal's Office 2. Return this form to the Fire Prevention Bureau- Attention Confidence Testing Officer.											