

Fire Watch Log



Name of Building under Fire Watch: _____

Address of Building: _____ Date: _____

Patrol Frequency

☐ **15-minutes** (If people are sleeping, or if this is an institutional or occupied assembly occupancy.)

☐ **30-minutes** (If none of the above conditions are present)

This form must be emailed to fire@cityofames.org daily until the fire watch is concluded.

Time: _____ Area Patrolled, Notes: _____ Signature: _____

Time: _____ Area Patrolled, Notes: _____ Signature: _____

Time: _____ Area Patrolled, Notes: _____ Signature: _____

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Time: _____	Area Patrolled, Notes: _____	Signature: _____
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