# GRESHAM
## FIRE DEPARTMENT

# FIRE WATCH FORM

Initiator: _____    Date _____

Station: _____

Given to: (Business Name) _____

Problem: _____

_____

_____

_____

_____

Name of Fire Watch: _____

Address/City/Zip: _____

Phone: _____

**Requirements:**

1) Fire watch to be done every _____ minutes.

2) Telephone/cell phone or radio to be available to patrol person.

3) Fire extinguisher locations to be identified for patrol person.

4) Patrols to include all portions of building or lot or other as specified.

5) Patrols to continue until relieved by Gresham Fire Marshal's Office.

6) Persons assigned fire watch duties cannot be used for any other purpose than <u>Fire Watch</u>.

# Fire Watch Form – Cont.

| Date | Time | Initials | Date | Time | Initials |
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