



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 Fire Watch.

