



Fire Watch Log

Property name _____

Property address _____

Person performing fire watch _____

I have read the instructions about conducting this Fire Watch and understand that I am responsible to follow those instructions and patrol my designated area at least once each half hour (30 min.).

Signature: _____

Impairment Coordinator: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____

Date: ___/___/___ Time: ___/___ am pm Area patrolled: _____