



Fire Watch Date _____ Case Number _____

Contact/person Conducting Fire Watch _____

Business Name _____ Address _____

City _____ Zip code _____

Phone _____ Alternate Phone _____

Fire Watch patrol interval: 30 minutes 60 minutes Continuous

Document each fire watch patrol on the log sheet below. In addition, document any significant related events in more detail in the Additional Comments section. Make additional form copies as needed.

| Date | Time | AM | PM | Findings |
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| Date | Time | AM | PM | Findings |
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Additional Comments: _____

I have read and understand the Fire Watch instructions provided by the Gwinnett County Office of the Fire Marshal. I have accepted the Fire Watch responsibility and carried out the duties of the Fire Watch as required, at the appropriate intervals. I have accurately documented the date, time, and events of the Fire Watch on this Fire Watch Log.

Signature: _____ Date: _____

Email completed form to:
 firemarshal@gwinnettcounty.com or Fax to 678.518.4901