Fire Watch Log
12 Hour Form

Facility Information	
Facility Name:	Address:
Impairment Coordinator:	Phone:
Date of Impairment:	Impairment Start Time:
Reason and description of impairment:	

Pre-Impairment Checklist	
	The extent and expected duration of impairment have been determined.
	The areas or buildings involved have been inspected and increased risks determined.
	Recommendations have been submitted to management or building owner/manager.
	The insurance carrier, the alarm company, building owner/manager, and Fire Marshal have been notified.
	The supervisors in the areas to be affected have been notified.

Areas shall be evaluated for the following during continuous patrols of the premises	
1. Odor of smoke or visual signs of fire.	4. Exits are marked, visible, and unobstructed.
2. Adequate firefighting equipment (fire extinguishers).	5. Perimeter is secured to prevent unauthorized entry.
3. Trash or debris is present a fire or escape hazard.	6. Unsafe conditions that could lead to a fire.

Fire Watch log of activities during impairment		
Fire Watch Name	Time	Notes of Conditions (If clear enter "OK"

System Restoration	
System restored: O Yes, completed section below O No, continue fire watch on new 12 hour form	
Time restored:	Signature of person verifying restoration:
Notes:	

Completed forms must be maintained on site.
Upon restoration of the system completed forms should be faxed to Loris Fire Department Attention Fire Marshal: 843-756-3066