



# FIRE WATCH LOG

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Tours of all compromised areas of the building shall be conducted at intervals not to exceed sixty (60) minutes from completion of the previous tour. Document each fire watch on the log sheet below. Document any significant related events in more detail in the comments section. Make additional copies as needed.

Fire Watch shall **ONLY** be terminated by the Fire Marshal's Office, upon restoration of the fire protection system and certification that it is now 100% operational. The Fire Watch Log shall be completed, including the names of those performing such duties. A copy of the entire Fire Watch Log, and documentation reflecting that the required fire protection system has been restored must be forwarded to the Franklin Fire Marshal's Office at [fireinspection@franklintn.gov](mailto:fireinspection@franklintn.gov)

Date	Time	Area Patrolled	Name	Conditions Found
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
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I have read and understand the Fire Watch instructions provided to me by the Franklin Fire Marshal's Office. I have accepted and carried out the responsibilities outlined therein and accurately documented the date, time, and events. I hereby swear and affirm the above duties have been performed by me and/or the above person and that attached statements, if any are correct and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_