FM OFFICE – (540) 332-3720

STATION 1 – (540) 332-3884

STATION 2 – (540) 332-3718

Fire Watch Log

Business Name _____ Address_____

Emergency Contact (Name)_____ Phone_____

Fire Watch Intervals: **30 Min**____ **60 Min**____

Document the patrols in the form below and note any events in the comment section (i.e. Door blocked, etc.) This form is to be completed every shift and emailed to the following address daily: firemarshals@ci.staunton.va.us

Date	Time	Name (Conducting Inspection)	Comments

I have read and understand the Fire Watch instructions provided to me and have accepted and carried out the responsibilities and accurately documented the date, time, name and events. I acknowledge that the above provided information is correct and true to the best of my knowledge.

Signature_____ Date_____