

**City of Middletown Fire Department
FIRE WATCH FORM**

YOU ARE HEREBY REQUIRED TO POST A FIREWATCH AS PER SECTION 901.7 OF THE NYS FIRE CODE

DATE ISSUED: _____
BUILDING/BUSINESS NAME: _____
PHONE: _____
ADDRESS: _____ FAX: _____
SUPERVISOR'S NAME: _____
PHONE: _____
PERSON IN CHARGE OF FIRE WATCH: _____
ALARM/SPRINKLER COMPANY: _____ PHONE: _____
REASON FOR SYSTEM OUT OF SERVICE: _____

This log must be kept on premise at all times and be available upon request.

System out of service

Where a required fire protection system is out of service, the code official shall be notified immediately and, where required by the code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shut down until the fire protection system has been returned to service.

Where utilized, fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

This structure has been placed on Fire Watch due to a recognized failure in the fire alarm system. The Fire Department representative or fire official has made the judgment that the system is unreliable in its present state. The following procedure must be observed during the duration of the Fire Watch. (Duration period is that time period your alarm system is out of service).

1. The alarm system must be serviced by qualified personnel prior to being returned to service.
2. A walk-through of the building(s) covered by the alarm system must be conducted EACH hour and documented on the FIRE WATCH LOG form until the system is back in service.
3. Mail or fax this completed Fire Watch log and your fire alarm work order showing any corrections made to:

**Bureau of Fire Prevention
Attn: Fire Inspector
16 James Street
Middletown, NY 10940
FAX: 845-343-4014**

within 7 days of system being returned to service. Failure to notify the office of Fire Prevention or the Fire Department will result in a Non-compliance notice being issued to your business. If your system is out of service for longer than one continuous month, this form shall be faxed on the first business day of the following month.

If there are any questions about the occupant's responsibility or about this form, contact the Fire Inspector at (845) 346-4111 or (845)741-6116
INSPECT ALL ROOMS ONCE EACH HOUR AND RECORD EACH INSPECTION ON THIS LOG
(The following is an example of an approved log)

MM/DD/YY	LOCATION	TIME	INITIALS	NOTES