



Capital City Fire / Rescue - Fire Marshal's Office
820 Glacier Avenue, Juneau Alaska 99801 - Ph.(907) 586-5322 FAX (907) 586-8323

Notification of Fire Watch

BUILDING/BUSINESS NAME:	PHONE:	ADDRESS:
SUPERVISOR'S NAME:	PHONE:	PERSON IN CHARGE OF FIRE WATCH:

System out of service

Where a required fire protection system is out of service, the Fire Marshal's Office 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 and/or fire suppression system. The CCFR Fire Marshal's Office or department representative 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 while your system is out of service:

1. The alarm or suppression system **SHALL** be serviced by qualified personnel prior to being returned to service.
3. The fire watch walk-through **SHALL** be conducted **EVERY HOUR**, 24 hours per day or for the duration of the impaired system.
4. The fire watch **SHALL** be documented and available for review. A copy of the log **SHALL** be faxed at the beginning and end of each 8 hour shift to the Fire Marshal at (907) 586-8323.

IF FIRE OR SMOKE IS NOTED CALL 911 AND REPORT THE LOCATION.

FIRE WATCH LOG

Building / Business Name:
Location:
Person in charge of fire watch:

I understand the roles and responsibilities for the job of fire watch. I understand I am to perform the duties of fire watch and will inspect this (these) locations diligently in order to maintain a fire safe environment. I have received training in the use of fire extinguishers and feel I am capable to perform these duties. I am not under the influence of any alcohol or drug(s) which may reduce my ability to perform these duties. I certify these facts under penalty of perjury.

Sign: _____ Date: _____

Time	Date	Person Conducting Fire Watch	Problems found
0100 (1 AM)			
0200 (2 AM)			
0300 (3 AM)			
0400 (4 AM)			
0500 (5 AM)			
0600 (6 AM)			
0700 (7 AM)			
0800 (8 AM)			
0900 (9 AM)			
1000 (10 AM)			
1100 (11 AM)			
1200 (12 AM)			
1300 (1 PM)			
1400 (2 PM)			
1500 (3 PM)			
1600 (4 PM)			
1700 (5 PM)			
1800 (6 PM)			
1900 (7 PM)			
2000 (8 PM)			
2100 (9 PM)			
2200 (10 PM)			
2300 (11 PM)			
2400 (12 PM)			

**To be faxed at the beginning and end of each 8 hour shift to
 the Fire Marshal at (907) 586-8323.**