

Fire Watch

Building Fire System Impairment

(Supplement to Fire System Impairment Notice)

Section 1 – General Information (Completed by requesting organization or impairment coordinator)					
Building Name:					
Building Address:					
Impairment Coordinator (Name and phone number):	Bob Slavik 303-273-3312 / 303-885-8557 (Primary); Ray Castillo (Back up) 303-273-3263 / 720-496-7782; Craig Crow 303-273-3356 / 303-421-0832 (Back up)				
CSM Project Manager (Name and phone number):					
Contractor (Company name, name of onsite representative and phone number):					
Section 2 – Impairment Information (Completed by requesting organization or impairment coordinator)					
System Impaired:					
Affected area within the building:					
Reason for Fire Watch	<input type="checkbox"/> Impairment will extend beyond 10 hours <input type="checkbox"/> Impairment extends after hours <input type="checkbox"/> Fire panel cannot annunciate alarm in building <input type="checkbox"/> Emergency Outage <input type="checkbox"/> Fire panel cannot notify Golden Fire Department				
Does the impairment affect Fire Panel ability to notify GFD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes then fire watch personnel will need to have a cell phone or phone access in the immediate area to call 911			
Does the impairment affect Fire Panel ability to notify building residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, then will the fire pull station initiate building notification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, then use alternate means of notification, identify means in the next block	<input type="checkbox"/> Building PA <input type="checkbox"/> Bull horn <input type="checkbox"/> Whistle <input type="checkbox"/> Verbal <input type="checkbox"/> Other _____
Start Time and Date:					
End Time and Date:					
Section 3 – Fire Watch Details					
Fire Watch Personnel have been briefed to the following:	<input type="checkbox"/> Assigned duty requirements, check the one that applies <ul style="list-style-type: none"> <input type="checkbox"/> They have no other duties other than to perform a fire watch. <input type="checkbox"/> Limited duties may be assigned; must remain attentive in the building. <input type="checkbox"/> Their primary role, check the one that applies <ul style="list-style-type: none"> <input type="checkbox"/> Look for observable signs of smoke and/or fire. <input type="checkbox"/> Listen for a fire alarm and call 911 if a fire alarm is activated. <input type="checkbox"/> They are to wear the Fire Watch vest provided during their patrols <input type="checkbox"/> Continually patrol/monitor the affected area (refer to section 2) by: <ul style="list-style-type: none"> <input type="checkbox"/> Walking through: <ul style="list-style-type: none"> - Common areas - Corridors/Hallways - Stairwells - Food preparation areas <input type="checkbox"/> Opening doors and looking in: <ul style="list-style-type: none"> - Mechanical rooms - Electrical rooms - Laboratories <input type="checkbox"/> Other _____ <input type="checkbox"/> If signs of smoke and/or fire is observed then they will take the following actions: <ul style="list-style-type: none"> • Call 911 • Notify building occupants by pulling the nearest fire alarm pull station or using an alternate means as identified in section 2 <input type="checkbox"/> Do not put themselves in jeopardy when notifying building residence using alternate means of notification <input type="checkbox"/> Contact the impairment coordinator or PM (see section 1) if they have questions or concerns while performing the Fire Watch.				
Person(s) performing Fire Watch	_____	_____			
	Print Name	Signature			
	_____	_____			
	Print Name	Signature			