FIRE WATCH

By order of the Ann Arbor Fire Department, due to impairments to the fire protection system at the below occupancy, a fire watch shall be conducted until the fire protection system has been returned to service. (International Fire Code 2015, Section 901.7) Failure to comply with this order may result in vacating the building and / or the issuance of citations. (International Fire Code 2015, Section 110).

Occupancy Name: ________________________________________________________________

Occupancy Address: ______________________________________________________________

Fire Officer: __________________________ Date: __________ Time: __________

The undersigned acknowledges they are taking responsibility to assign or complete the fire watch and make arrangements for repairs / corrections by a licensed fire protection contractor. The Fire Prevention Bureau shall be contacted upon repair completion: (734) 794-6979 or a2fp@a2gov.org.

Name: __________________________________ Signature: _____________________________

Cell Number: __________ Email: ____________________________________________

Property Management or Maintenance Name: __________________________ Number: __________

Fire watch personnel shall:

• Be able to communicate effectively.
• Have a reliable method of communicating an emergency by calling 9-1-1.
• Be thoroughly familiar with the area they are patrolling.
• Perform the fire watch without being assigned to other facility related activities or events.
• Patrol their designated area at least once each hour (24 hours a day).
• Make reports as instructed including suspicious persons on the site. A written record of patrol rounds and any significant information shall be recorded on the Fire Watch form.
• Relay any special orders or pertinent information to relief personnel.
• Remain on duty and awake until properly relieved.
• Alert building occupants of an emergency and direct evacuation when required.

The fire watch shall be documented below

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The licensed fire protection contractor shall email: fire@a2gov.org or fax: (734) 761-3592 documentation of the repair to the Fire Prevention Bureau.

Licensed Fire Protection Company making repair: ______________________________________

Technician: __________________________ Cell Number: ____________________________

Original – Fire Prevention Bureau   Yellow Copy – Occupant
This form shall be retained for collection by the Fire Prevention Bureau.