List of Fire Watch Personnel

(List shall be emailed to firemarshal@forsythco.com)

Building Name:_____

Address:_____

Reason for fire watch: (circle all that apply)

Fire Alarm System Malfunction, Sprinkler System Inoperable, Other _____

Number of personnel required by Fire Marshal for the fire watch: _____

Explain plan of action to correct violation(s), and estimated time of completion.

_____

_____

Name	Cell Phone Number	Date and Time of Watch

I_____, assure that the above listed personnel have the proper training
Owner/Manager

to perform the duties of a fire watch. I also assure that the watch shall be maintained until the Fire Marshal's Office informs me the fire watch is no longer required.

_____ _____

Owner/Manager Signature Date