Fire Watch Criteria

A fire watch is an on-site person whose sole duty is to watch for the occurrence of smoke or fire.
A "System" refers to a fire alarm or sprinkler system.

Owner Responsibilities:

A) Establish, instruct, and maintain fire watch personnel.
B) Contact the repair company to fix the fire protection system(s).
C) Notify the City of Lacey Community Development Department at 360-491-5642 to report an inoperable system.

Fire Watch Duties:

A) Conduct periodic patrols of the entire facility as specified under Frequency, in this document.
B) Identify any fire, life or property hazards.
C) Notify fire services by calling 9-1-1 with the exact address and type of emergency.
D) Notify occupants of the facility of the need to evacuate. If the sirens or public address function of the alarm system are still functional, use them to assist with evacuation of the building.
E) Fire watch person shall have a phone immediately available to call 911.
F) Maintain a log of fire watch activities on the provided form.
G) Have knowledge of the location and use of fire protection equipment, such as fire extinguishers.

NOTE: Fire watch personnel will not perform fire fighting duties beyond the scope of an ordinary citizen.

Frequency of Inspections:

A) Fire watch personnel should patrol the entire facility every 15 minutes in the following situations:
   1) The facility has people sleeping.
   2) The facility is an institutional occupancy.
   3) The facility is an occupied assembly or educational occupancy.
B) An Occupied facility that does not meet the requirements above shall have fire watch performed every 60 minutes.

Fire Watch Termination:

A) It is the owners' responsibility to cancel the fire watch once the fire protection system repairs have been fully repaired and tested by fire & life safety contractor.
B) Owner is responsible for obtaining written correction report from vendor and providing the document to City of Lacey Community Development(360-491-5642 or fireinspections@ci.lacey.wa.us) within 24 hours of completion of repairs.

Shaping our community together

CITY OF LACEY

Fire Watch Form

Business Name:		Site Phone:	
Site Contact:		Contact Phone:	
Building Address:		Suite # or Building Designation:	
Defective System Type	Sprinkler ( )	Fire Alarm ( )	Other ( )
City Contact:		Phone:	Email:

Start Date:	Start Time:	Duration:
3rd Party Fire Watch Required	Yes ( )	No ( )
Responsible Party	Name:	Phone:
Monitoring Center: N/A ( )	Name:	Phone:
Fire Alarm Service Company	Name:	Phone:
Sprinkler Service Company	Name:	Phone:
Additional Comments:		
Date:		

Time	Initials	Time	Initials	Time	Initials
Fire Watch Comments:					