



# Howland Township Fire Department

169 Niles Cortland Road N.E. Warren, Ohio 44484 Phone 330-856-5022 FAX 330-609-9977

## Fire Watch Log

Fire Watch Date	Case Number
Business Name	Contact/person conducting Fire Watch
Address	Phone number
City	Zip Code
Alternate phone number	

**Fire Watch patrol interval:**     30 minutes     60 minutes     Continuous

Document each fire watch patrol on the log sheet below. In addition, document any significant related events in more detail in the Additional Comments section. Make additional form copies as needed.

Date	Time	AM	PM	Findings
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			



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___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
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___/___/___	___:___			
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___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			
___/___/___	___:___			

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read and understand the Fire Watch instructions provided by the Howland Fire Department. I have accepted the Fire Watch responsibility and carried out the duties of the Fire Watch as required, at the appropriate intervals. I have accurately documented the date, time and events of the Fire Watch on this Fire Watch Log.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email completed form to:**  
[Fire.Inspection@howlandtownship.org](mailto:Fire.Inspection@howlandtownship.org) or fax to 330-609-9997