

Occupational Environmental Safety Office

Fire and Life Safety Division

Fire Watch Building Tour Record

Building Name: _____

DU#: _____

Address: _____

Building Area Affected(*Partial or Floor*, fill-in floor[s]): Whole Partial Floor(s) _____

Reason for Fire Watch(If *Other*; explain below): ILSM Hot Work Other

Please Use MM/DD/YYYY for Dates & 24 Hour (XX:XX) for Times

Date Fire Watch Started: _____ Time Fire Watch Started: _____

Date Fire Watch Ended: _____ Time Fire Watch Ended: _____

Time Interval of Tour:

½ Hour

1 Hour

Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____
Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____
Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____
Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____
Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____
Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____
Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____
Time: _____ Initials: _____	Time: _____ Initials: _____	Time: _____ Initials: _____

Comments: _____

Please Select the Specialist Assigned to Your Project:

Submitted by: (Print) _____