



City of Sandy Springs Fire Department

Community Risk Reduction

FIRE WATCH LOG

NAME OF BUSINESS: _____

ADDRESS: _____

DATE: ____/____/____ START TIME: _____ END TIME: _____

NAME OF FIRE WATCH PERSON (print): _____

REASON FOR FIRE WATCH: _____

AREA(S) AFFECTED: _____

TIME	INITIALS	COMMENTS

PAGE ____ OF ____

