



# Fire Watch Log

Facility Name and Street Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Person in Charge: \_\_\_\_\_

Date	Time	Area	Initials	Date	Time	Area	Initials

Copies of this log shall be emailed to the Community Risk Reduction Office each morning of Fire Watch by 8am [dbissette@wilsonnc.org](mailto:dbissette@wilsonnc.org)