



Firetronics 2000 Inc.

Fire Protection Services and Products
Fire and Security Monitoring & Products



Listed
Since 2008



Member
Since 1998

solutions@firetronics.ca

Fire Watch Procedures

Date: _____ Time: _____

Building Name: _____

Building Address: _____

Nature of Problem: _____

In the event of a fire alarm or sprinkler system failure, and/or maintenance repairs, the following procedures will be followed:

1. For shutdowns longer than 24 hours, Local Fire & Emergency Services must be given notice in writing.
2. All occupants must be notified by posting written notice that the fire alarm and/or sprinkler systems do not operate and if they suspect and/or see a fire, the occupants must notify Local Fire & Emergency Services by calling 9-1-1 giving the address, location and type of fire. The occupant must contact the fire watch person, stating the emergency.
3. The fire watch person must contact Local Fire & Emergency Services and the other occupants in the building when a fire emergency exists.
4. The fire watch person must meet Local Fire & Emergency Services at the principal entrance with all available information.
5. On an hourly basis, all rooms (storage, mechanical, laundry, electrical, furnace, elevator room, stairwells, etc.) and each floor area must be visually inspected by the designated fire watch person, until the fire alarm and/or sprinkler system is functional.
6. A written record must be kept of the hourly fire watch, documentation shall be provided to Local Fire & Emergency Services upon request.
7. Written fire watch instructions must be given to the fire watch person by the owner, or owner representative.
8. Local Fire & Emergency Services must be notified when the fire alarm and/or sprinkler system is functional.

Owner/Occupant: _____
(print) (sign)

On Site Contact: _____ Phone Number: _____

www.firetronics.ca

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#11 – 145 Royal Crest Court
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1-800-244-0088

Quebec Office
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Fire Watch Log

Date: _____

Fire Watch Conducted by: _____ Position: _____

Approved Signs Posted: Locations: _____

Monitoring Contacted: Company Name: _____ Phone: _____

Local Fire & Emergency Services Dispatch Contacted: Name/# _____

Approved Fire Alarm Zones Disabled: _____

| Time Round Started | Initial |
|--------------------|---------|
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| Time Round Ended | Initial |
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Approved Signs Removed: Locations: _____

Monitoring Contacted: Company Name: _____ Phone: _____

Local Fire & Emergency Services Dispatch Contacted: Name or #: _____

Fire Alarm Fully Restored: Time: _____

Fire Watch completed: Date: _____

Name: _____ Position: _____

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