**TORRANCE FIRE WATCH REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| Fire Watch Supervisor: |  | Address: |  |
| Fire Watch: |  | Phone: |  |

Walk facility every hour and maintain a log with this report. Reports and log should be readily available. The following requirements shall comply with the California Fire Code (CFC), National Fire Protection Association (NFPA), and the Torrance Fire Department Ordinance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I. Access and Parking** | **Yes** | **No** | **N/A** | **Corrected** |
| A. Fire department vehicle access maintained. (20' minimum) | ☐ | ☐ | ☐ | ☐ |
| B. Fire hydrants, sprinkler and standpipe FDC unobstructed. (3' mirnmum) | ☐ | ☐ | ☐ | ☐ |
| C. Parked or stopped vehicles not blocking exit doors. | ☐ | ☐ | ☐ | ☐ |
| D.Knox Box Accesible (If installed) | ☐ | ☐ | ☐ | ☐ |
| E. Fire Lanes (Red Curb) clear of all vehicles  | ☐ | ☐ | ☐ | ☐ |
| **II. Exiting** |  |  |  |  |
| A. All required exits kept clear and unobstructed. | ☐ | ☐ | ☐ | ☐ |
| B. Exit signs (Illuminated) provided and visible. | ☐ | ☐ | ☐ | ☐ |
| C. Exit pathway illumination provided and operational.  | ☐ | ☐ | ☐ | ☐ |
| D. No hazardous or flammable materials near exits. | ☐ | ☐ | ☐ | ☐ |
| E. All exit aisles kept clear | ☐ | ☐ | ☐ | ☐ |
| **III. Electrical and Lighting** |  |  |  |  |
| A. Cords, cables, boxes, fixtures and appliances in good condition. | ☐ | ☐ | ☐ | ☐ |
| B. Breaker box switches are not tapped or locked in the on position. | ☐ | ☐ | ☐ | ☐ |
| C. All electrical rooms are free of storage. | ☐ | ☐ | ☐ | ☐ |
| D. No extension cords are used during fire watch. | ☐ | ☐ | ☐ | ☐ |
| E. No fans or portable AC in use. | ☐ | ☐ | ☐ | ☐ |
| **IV. Fire Protection Equipment** |  |  |  |  |
| A. Fire extinguishers charged, tagged and readily accessible.  | ☐ | ☐ | ☐ | ☐ |
| B. All fire protection control valves are open. | ☐ | ☐ | ☐ | ☐ |
| C. Sprinkler system riser, valves and heads unobstructed. | ☐ | ☐ | ☐ | ☐ |
| D. Fire alarm system is active. | ☐ | ☐ | ☐ | ☐ |
| **V. Generators** |  |  |  |  |
| A. Generator is operational. | ☐ | ☐ | ☐ | ☐ |
| B. Generator free of fuel leaks and not refueled while operating. | ☐ | ☐ | ☐ | ☐ |
| **VI. Smoking Control** |  |  |  |  |
| A. No interior smoking is permitted. | ☐ | ☐ | ☐ | ☐ |
| B. NO SMOKING signs posted and enforced by responsible party. | ☐ | ☐ | ☐ | ☐ |
| C. No smoking within 25' of flammable liquids. | ☐ | ☐ | ☐ | ☐ |
| **VII. Heat Producing Appliances** |  |  |  |  |
| A. No unsupervised heat producing appliances allowed during fire watch | ☐ | ☐ | ☐ | ☐ |
| B. Adequate clearance between appliances and combustibles maintained. | ☐ | ☐ | ☐ | ☐ |
| **VIII. Flammable Liquids and Gases** |  |  |  |  |
| A. Flammable gases & liquids stored in approved containers & ldenlified.  | ☐ | ☐ | ☐ | ☐ |
| B. No refueling of vehicles or equipment while in fire watch. | ☐ | ☐ | ☐ | ☐ |
| C. No open containers of flammable or combustible liquids | ☐ | ☐ | ☐ | ☐ |
| D. Spray finishing operations with flammable liquids done in spray booth | ☐ | ☐ | ☐ | ☐ |

|  |  |
| --- | --- |
| **REPORT COMPLETED BY:** | **FIRE WATCH SUPERVISOR:** |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | NAME: |  |
| DATE/TIME: |  | SIGNATURE: |  | DATE: |  |
|  |  |
| COMMENTS: |  |