Appendix B  - Fire Watch Notification Form

This form must be completed and sent to all parties listed below whenever a Fire Watch is required as specified in the EH&S Fire Watch Program.

**Today’s Date:** ___________  **Facility Name:** ______________________________

**Campus Building Number:** ________

**Floor Number and Room Numbers:**
________________________________________

**Start Date and Start Time of Fire Watch:** ___________________________

**Predicted End Date and End Time of Fire Watch:** _______________________

**Description of Work Requiring Fire Watch:** ____________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

**Name and Title of Person Performing Fire Watch:** ______________________

____________________________________________________________________

**Name and Title of Person Responsible for Fire Watch Activities:** __________

____________________________________________________________________

Fax this form to the following numbers:

- Orange County Fire Association (OCFA)  (949) 854-8823
- UC Irvine Police Department (UCI PD)  (949) 824-8567
- Fire Safety Division (949) 824-8539