



Village of Camillus
 37 Main Street, Camillus, NY 13031
 Phone: (315) 672-3483, Fax: (315) 672-5323
 Email: codes@villageofcamillus-ny.gov

Fire Watch Application

All applicable sections of this application must be completed or the application will be returned.

OFFICE USE ONLY

Permit Number:	Date Received:
Approved By:	Date Approved:
Date Notified:	Permit Fee: \$
Denied By:	Date Denied:
Reason Denied:	

PROPERTY LOCATION & OWNER

PROPERTY ADDRESS		TAX MAP NO.	
PROPERTY OWNER		ADDRESS <input type="checkbox"/> Same as above	
CITY	STATE	ZIP	OWNER PHONE
		OWNER EMAIL	

APPLICANT Same as above

NAME		RELATIONSHIP TO OWNER	
ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

FIRE WATCH DETAILS

DATE OF IMPAIRMENT	START TIME	ANTICIPATED END TIME
SYSTEMS IMPAIRED		
IMPAIRMENT TYPE – CHECK ALL THAT APPLY <input type="checkbox"/> Pre-Planned <input type="checkbox"/> Emergency <input type="checkbox"/> Partial Impairment <input type="checkbox"/> Entire System		
REASON FOR IMPAIRMENT		

FIRE GUARD PERSONNEL AND ASSIGNED TIMES

1.
2.
3.
4.

APPLICANT CERTIFICATION

I hereby certify that I am the building owner or their authorized representative and that I have read and understand all of the requirements for a fire watch as set forth in the Fire Code of NYS and the reverse side of this form. I understand that failure to comply may result in additional fees and/or fines, which may require a court appearance. I also understand that fire watches may or may not be included in a building's insurance policy. If it is not and a fire were to break out, the building owner may be held liable for any damages. Companies that provide fire watch services provide their own insurance, eliminating any potential liability on the part of the building owner.

_____ Printed name of applicant _____ Position/Title
 _____ Signature of applicant _____ Date

A notarized letter from the building owner authorizing my signature herein is attached.

Fire Watch Requirements

Village of Camillus

37 Main Street, Camillus, NY 13031

Email: codes@villageofcamillus-ny.gov

Phone: (315) 672-3484, Fax: (315) 672-5323

When a required fire protection system is out of service or in case of a pre-planned impairment:

- 1) The fire department, the Code Official and the alarm monitoring company shall be notified immediately.
- 2) Where required by the Code Official, the building shall be either evacuated or an approved Fire Watch shall be provided for all occupants left unprotected until the fire protection system has been returned to service.
- 3) Where special circumstances exist because of the number of persons, or the nature of the performance or activity, additional personnel may be required by the Code Official.

Impairment coordinator. The building owner shall assign an impairment coordinator to comply with the requirements of this section. In the absence of a specific designee, the owner shall be considered the impairment coordinator.

Tag required. A tag shall be used to indicate that a system, or portion thereof, has been removed from service.

Placement of tag. The tag shall be posted at each fire department connection, system control valve, fire alarm control unit, fire alarm annunciator and fire command center, indicating which system, or part thereof, has been removed from service.

Preplanned impairment programs. Preplanned impairments shall be authorized by the impairment coordinator. Before authorization is given, a designated individual shall be responsible for verifying that all of the following procedures have been implemented:

- 1) The extent and expected duration of the impairment have been determined.
- 2) The areas or buildings involved have been inspected and the increased risks determined.
- 3) Recommendations to reduce hazards have been submitted to management or the building owner/manager.
- 4) The fire department has been notified.
- 5) The insurance carrier, the alarm company, the building owner/manager and Code Official have been notified.
- 6) The supervisors in the areas to be affected have been notified.
- 7) A tag impairment system has been implemented.
- 8) Necessary tools have been assembled on the impairment site (communication devices, fire extinguishers, etc.).

Emergency impairments. Where unplanned impairments occur, appropriate emergency action shall be taken to minimize potential injury and damage. The impairment coordinator shall implement the steps outlined above.

Fire Watch personnel (Fire Guards) shall have at minimum the following qualifications:

- 1) Be a minimum of 18 years old and physically capable of patrolling the building and utilizing stairways.
- 2) A basic understanding of the location, function, and normal status of the fire alarm and sprinkler systems.
- 3) Be familiar with the building's Fire Safety and Evacuation Plan.
- 4) Be capable of preventing fire by identifying and controlling fire hazards.
- 5) Know the location and operation of all portable fire extinguishers on site and be capable of extinguishing small fires.

Fire Guards responsibilities shall include:

- 1) Conducting continuous and systematic surveillance of a building or portion thereof, following a specific route so that they pass through the entire area to be covered every hour or every 30 minutes if the building is occupied.
- 2) Carrying not less than one approved means for notification of the fire department.
- 3) Keeping diligent watch for fires, obstructions to means of egress and other hazards.
- 4) Notifying the fire department, the building occupants, or both of an emergency
- 5) Taking prompt measures for remediation of hazards and extinguishment of fires that occur.
- 6) Taking prompt measures to assist in the evacuation of the public from the structures.
- 7) Posting the Fire Watch Log at the route starting location and document each patrol at its completion. The Fire Watch Log shall be kept readily accessible for review by the Code Official and copies shall be submitted to the Code Official within five days of the completion of the watch.
- 8) Their only duty shall be to perform constant patrols of the protected premises and keep watch for and prevent fires.

Restoring systems to service. When impaired equipment is restored to normal working order, the impairment coordinator shall verify that all of the following procedures have been implemented:

1. Necessary inspections and tests have been conducted to verify that affected systems are operational.
2. Supervisors have been advised that protection is restored.
3. The fire department has been advised that protection is restored.
4. The insurance carrier, the alarm company, the building owner/manager and Code Official have been notified.
5. The impairment tag has been removed.

Village of Camillus
Code Enforcement Office

37 Main Street | Camillus, NY 13031
Phone: (315) 672-3484 • codes@villageofcamillus-ny.gov

Fire Watch Log

Each individual assigned to a fire watch must make entries to this log at minimum every 30 minutes and return a copy to the Code Official within five days of the completion of the watch.

Occupancy name: _____ **Address:** _____

Person(s) performing fire watch: _____

Date(s) of fire watch: _____ Anticipated start and end time: _____

Fire Department Notified - Date & Time: _____ Person Notified: _____

Round	Start Time	End Time	Area(s) Patrolled and Comments	Initials
1			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
2			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
3			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
4			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
5			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
6			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
7			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
8			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
9			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
10			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			

**Request for release of fire watch upon impaired equipment being restored to normal working condition.
Complete the information below and provide all pages of this log to code enforcement.**

Date & Time: _____

Name: _____

Company Name: _____

Position: _____

Address: _____

Phone: _____

Phone: _____

Village of Camillus
Code Enforcement Office

37 Main Street | Camillus, NY 13031
Phone: (315) 672-3484 • codes@villageofcamillus-ny.gov

Fire Watch Log

Each individual assigned to a fire watch must make entries to this log at minimum every 30 minutes and return a copy to the Code Official within five days of the completion of the watch.

Occupancy name: _____ **Address:** _____

Person(s) performing fire watch: _____

Date(s) of fire watch: _____ Anticipated start and end time: _____

Fire Department Notified - Date & Time: _____ Person Notified: _____

Round	Start Time	End Time	Area(s) Patrolled and Comments	Initials
1			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
2			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
3			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
4			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
5			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
6			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
7			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
8			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
9			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
10			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
11			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			
12			<input type="checkbox"/> Entire Building <input type="checkbox"/> Other:	
	Comments:			

Complete the release of fire watch information at the bottom of the first log page and provide all pages of the log to code enforcement within 5 days.

IMPAIRMENT TAGS

Placement of tag. The tag shall be posted at each fire department connection, system control valve, fire alarm control unit, fire alarm annunciator and fire command center, indicating which system, or part thereof, has been removed from service.

**IMPAIRMENT
TAG**

Impairment Type:
 Pre-Planned Emergency

Action taken:
 Evacuated Building
 Obtained Fire Watch Approval

Date: _____

Time of impairment: _____

Anticipated date and time system to be restored to service: _____

Impairment Coordinator

Contact Phone

**DO NOT REMOVE
BY ORDER OF THE
FIRE MARSHAL**

Contact Village of Camillus Code
Enforcement at
(315) 672-3484

**IMPAIRMENT
TAG**

Impairment Type:
 Pre-Planned Emergency

Action taken:
 Evacuated Building
 Obtained Fire Watch Approval

Date: _____

Time of impairment: _____

Anticipated date and time system to be restored to service: _____

Impairment Coordinator

Contact Phone

**DO NOT REMOVE
BY ORDER OF THE
FIRE MARSHAL**

Contact Village of Camillus Code
Enforcement at
(315) 672-3484