

Miami Township Fire & EMS

Fire Watch Requirements

Miami Township Fire & EMS is committed to making our Township a safe place to live, work, and play. When a required Fire Protection System is impaired due to repair, damage, or other circumstances, a Fire Watch may be required. When a fire watch is required, the following applies. Code references are from the Ohio Fire Code.

The following guidance shall be followed by the Building Owner or their representatives. Approved means of notification of the fire department include any device capable of activating the 911 system and providing voice communication with the dispatcher.

901.7 Systems out of service. Fire watches shall be provided with not less than one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

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

Fire Watch personnel shall inspect the buildings and immediately report any signs of smoke or fire to 911. Expectations:

- A dedicated person to complete fire watch. The Impairment Coordinator is required to designate this person.
- Conduct periodic patrols of the entire facility.
 - Every fifteen (15) minutes – occupied buildings where individuals may be asleep and in institutional or occupied assembly occupancies.
 - Every thirty (30) minutes – unoccupied buildings.
- Maintain a fire watch log on site and available for inspection during and after the fire watch event. A sample log is provided, however alternate means are permitted, including electronic logs, if they are able to be inspected by the Fire Department.
- Fire watch shall remain in effect until such a time when repairs have been completed to the fire protection system.
- Notify Miami Township Fire & EMS at 513-248-3700 or 513-460-3269 that impaired systems have returned to normal. An inspection may be required prior to termination of fire watch requirement.

Location/Address requiring fire watch: _____

Name of Impairment Coordinator: _____

Signature: _____

Provide signed copy of this page to the Fire Department in person or scan and email to
FirePrevention@miamitwpoh.gov

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Fire Watch Log

Date: _____

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