



# Office of the Fire Marshal

City of Galveston  
2517 Avenue H, Suite 207  
Galveston, TX 77550  
Phone (409) 797-3870  
Fax (409) 291-4550

## FIRE WATCH DETAIL

Location of Detail: \_\_\_\_\_

Company: \_\_\_\_\_

Company Representative and Contact #: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Permit issued by Fire Marshal's Office: Y or N – Permit # \_\_\_\_\_

Date of Detail: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time to Begin: \_\_\_\_ : \_\_\_\_

Firefighter Assigned: \_\_\_\_\_

Person Making Assignment: \_\_\_\_\_

Radio Issued to: \_\_\_\_\_ Extinguisher Issued: # \_\_\_\_\_

Signature for Radio and Extinguisher: \_\_\_\_\_

Radio Issued by: (Signature) \_\_\_\_\_

### Detail Completed:

Time \_\_\_\_ : \_\_\_\_ Hrs: \_\_\_\_ Amt Paid: \$ \_\_\_\_ Check or Cash

\_\_\_\_\_  
Signature of Firefighter Working Detail

\_\_\_\_\_  
Signature of Battalion Chief

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Company Representative

JOB COMPLETED: YES or NO

PLEASE DIRECT ANY COMMENTS TO THE FIRE MARSHAL'S OFFICE  
COMPLETED FORM TO BE FORWARDED TO FIRE MARSHAL'S OFFICE

## RECEIPT FOR FIRE WATCH

This is to confirm that fire watch was performed as follows:

FIREFIGHTER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF ASSIGNMENT: \_\_\_\_\_

HOURS WORKED: \_\_\_\_\_

PAYMENT WAS RECEIVED IN THE AMOUNT OF

\$ \_\_\_\_\_ IN THE FORM OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Firefighter

\_\_\_\_\_  
Date