

This notice is to be conspicuously posted at all entrances of this building

Fire Watch

Location Name: _____

Location Address: _____

Due to a fire detection and/or fire protection system impairment within the building listed above a “Fire Watch” has been ordered by the Town of Brookhaven, Division of Fire Prevention, while repairs are rendered.

The Impairment Coordinator listed on this form is responsible to ensure the “Fire Watch” is performed in accordance of the requirements of the Town of Brookhaven, Division of Fire Prevention.

Impairment Coordinator: _____ **Telephone:** _____

**Division of Fire Prevention • Christopher J. Mehrman, Chief Fire Marshal
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