

McPherson Fire Department Fire Watch Form

Company: _____

Address: _____

Phone #: _____

Date Time Initials Location Location Location Location Location

Initials:

Printed name:

Please fax or deliver completed form to McPherson Fire Department (312 East Kansas, fax: 245-2509) by 9am every 24 hours. If systems are down for only a few hours you can send it that same day.