MONTHLY FIRE EXTINGUISHER INSPECTION SHEET

Building: _______________  Date: _______________  Time: __________

Number of fire extinguishers checked: __________

Fire extinguishers in designated locations: Yes / No

General condition of fire extinguishers:  Good _______  Bad _______

If bad, indicate location of bad fire extinguisher: ____________________________

If bad, indicate which of the following apply:

a. Rusty _______  
b. Dented _______  
c. Broken gauge _______  
d. Missing _______  
e. Discharged _______  
f. Other _______

Fire extinguishers properly tagged:  Yes / No

Fire extinguisher handle pins in position: Yes / No

Fire extinguisher handle pins locked in place: Yes / No

Fire extinguisher gauge needle in safe zone: Yes / No

Comments: ________________________________

_____________________________________________________________________

_____________________________________________________________________

Signature of Inspector      Date      Signature of Supervisor      Date

NOTE: If additional fire extinguishers are found please indicate so and give an approximate location in the comments section so records can be updated.