

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.