







Health, Environment, and Safety Management

Fire Extinguisher Follow-Up Form

Coll	lege	Building		
Day	Date	Time		

No	Extinguisher No.	Extinguisher Status	Location			Date	
			Floor	Lab/Office	Nearest	Initial	Expiry
				No.	Room/Office	Inspection	
					No.		

Additional Notes:

University Health, Environment, and Safety Inspector/

Signature/



