Maintenance and Operation Department

Fire Extinguishers Inspection and Maintenance Form

Building Name & Number							
Inspection Date							
Number	**Type**	**Weight**	**Extinguisher Condition**				
			Good	**Empty**	**Need Maintenance**	**Location**	**Notes**
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Site Supervisor							
Name					**Name**		
Signature					**Signature**		

Number: _____ Date: _____