

Company: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Inspect each fire extinguisher monthly. Mark Pass, Fail or N/A for each item. Document any deficiencies in the Notes column and take corrective action immediately for any failures.

Inspection Item	Pass	Fail	N/A	Notes
Accessible and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mounted at proper height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection tag current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure gauge in green zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pin and tamper seal intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No visible damage or corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hose and nozzle in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper extinguisher type for area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clear of obstructions (3 ft clearance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signage visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next Inspection Due: \_\_\_\_\_