Fire Extinguisher Inspection

Monthly or annual extinguisher check: location, type, pressure, seals, damage and service date for each unit.

Details

Site name *	
Site address	
Date *	_____ / _____ / _____
Time	_____ : _____
Inspection type *	☐ Monthly user check ☐ Annual service
Inspected by *	

Extinguishers

Extinguishers 1

Location *	
Extinguisher ID / barcode	
Type *	
Size (kg / litres)	
In correct position and visible *	☐ Pass ☐ Fail ☐ N/A
Signage present *	☐ Pass ☐ Fail ☐ N/A
Pressure gauge in green *	☐ Pass ☐ Fail ☐ N/A
Safety pin and tamper seal intact *	☐ Pass ☐ Fail ☐ N/A
No visible damage or corrosion *	☐ Pass ☐ Fail ☐ N/A
Service label in date *	☐ Pass ☐ Fail ☐ N/A
Action *	☐ None ☐ Serviced ☐ Replaced ☐ Discharge test due ☐ Removed
Notes	

Extinguishers 2

Location *	
Extinguisher ID / barcode	

Type *	
Size (kg / litres)	
In correct position and visible *	☐ Pass ☐ Fail ☐ N/A
Signage present *	☐ Pass ☐ Fail ☐ N/A
Pressure gauge in green *	☐ Pass ☐ Fail ☐ N/A
Safety pin and tamper seal intact *	☐ Pass ☐ Fail ☐ N/A
No visible damage or corrosion *	☐ Pass ☐ Fail ☐ N/A
Service label in date *	☐ Pass ☐ Fail ☐ N/A
Action *	☐ None ☐ Serviced ☐ Replaced ☐ Discharge test due ☐ Removed
Notes	

Extinguishers 3

Location *	
Extinguisher ID / barcode	
Type *	
Size (kg / litres)	
In correct position and visible *	☐ Pass ☐ Fail ☐ N/A
Signage present *	☐ Pass ☐ Fail ☐ N/A
Pressure gauge in green *	☐ Pass ☐ Fail ☐ N/A
Safety pin and tamper seal intact *	☐ Pass ☐ Fail ☐ N/A
No visible damage or corrosion *	☐ Pass ☐ Fail ☐ N/A
Service label in date *	☐ Pass ☐ Fail ☐ N/A
Action *	☐ None ☐ Serviced ☐ Replaced ☐ Discharge test due ☐ Removed
Notes	

Sign-off

Additional comments	
Inspector name *	
Inspector signature *	
Date signed *	_____ / _____ / _____

* Required