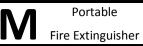
Page	
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## **PORTABLE FIRE EXTINGUISHER - MONTHLY INSPECTION** (Health Care & Ambul)

**1. INSPECTOR** 

Name:

Organization:

2. FACILITY Name:

3. DATE

4. VISUAL INSPECTION (per Life Safety Code, NFPA 10-1998 ed, 4-3.2)

Must inspect at approx 30 day interval from the previous month. Document on either this sheet OR tag on extinguisher

Inspect Points: 1. Located in Designated Place, 2. No Obstruction to Access, 3. Label Faces Outward, Visible & Legible, 4. Safety Pin

In Place, 5. Tamper Tag in Place, 6. Gauge in Safe Zone, 7. Lift unit & confirm if it "Feels" Full, 8. Physical Damage; Fill in Report

ID #	Туре		Res	ult <u>s</u>	# of Failed	
Name	Exting	Location	Pass	Fail	Inspect Pt	<b>Corrective Action</b>
			٦			

Print this Tag on Card Stock & Attach to Exting.

FIRE EX	TINGUISHER			
INSPECT	TION RECORD			
Facility:				
Location:				
1. Located in Design	nated Place,			
2. No Obstruction to Access,				
	ard, Visible & Legible,			
4. <u>Safety Pin</u> In Plac				
5. <u>Tamper Tag</u> in Pla 6. Gauge in Safe Zor				
7. Lift unit & confirm	-			
8. Any Physical Dan				
	n Tag the Date & Initial;			
If not, Correct or Re	place Extinguisher			
Date of Last Annual	Maint			
Who Maintained				
INSPECT DATE	INITIALS, if all OK			
1				
2				
3				
4				
5				
6				
6				
6 7 8				
6				
6 7 8				
6 7 8 9				
6 7 8 9 10				

OR Print this Sign on Card Stock, Laminate and place in/near Extinguisher holder

## Extinguisher Inspection Points:

- 1. Located in <u>Designated</u> Place,
- 2. No Obstruction to Access,
- 3. <u>Label</u> Faces Outward, Visible & Legible,
- 4. <u>Safety Pin</u> In Place,
- 5. <u>Tamper Tag</u> in Place,
- 6. <u>Gauge</u> in Safe Zone,
- 7. Lift unit & confirm if it "<u>Feels" Full,</u>
- 8. Any Physical <u>Damage</u>;

If all OKay, Write on Tag the Date & Initial; If not, Correct or Replace Extinguisher