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EXTINGUISHER INSPECTION RECORD

EXTINGUISHER

ID / tag no. _____

Location _____

Type (ABC, CO2, K, water) _____

Size / rating _____

Manufacturer / model _____

Serial no. _____

Manufacture date _____

SERVICE

Year _____

Last annual maintenance _____

Next annual due _____

Last 6-year maintenance _____

Last hydrostatic test _____

Next hydrostatic due _____

Service company _____

Monthly visual inspection

Month	Date	Gauge	Pin / seal	Hose	Access	Condition	Pass	Notes / action	Initials
January		☐	☐	☐	☐	☐	☐		
February		☐	☐	☐	☐	☐	☐		
March		☐	☐	☐	☐	☐	☐		
April		☐	☐	☐	☐	☐	☐		
May		☐	☐	☐	☐	☐	☐		
June		☐	☐	☐	☐	☐	☐		
July		☐	☐	☐	☐	☐	☐		
August		☐	☐	☐	☐	☐	☐		
September		☐	☐	☐	☐	☐	☐		
October		☐	☐	☐	☐	☐	☐		
November		☐	☐	☐	☐	☐	☐		
December		☐	☐	☐	☐	☐	☐		