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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		❑	❑	❑	❑	❑	❑		