

MONTHLY INSPECTION OF FIRE EXTINGUISHERS

Extinguisher Location (Suite/Unit #)	EXTINGUISHER			J	F	M	A	M	J	J	A	S	O	N	D	day / year	Inspected by			
	TYPE	SIZE	SERIAL No.																	
																	Jan	__ / __	_____	
																		Feb	__ / __	_____
																		Mar	__ / __	_____
																		Apr	__ / __	_____
																		May	__ / __	_____
																		June	__ / __	_____
																		July	__ / __	_____
																		Aug	__ / __	_____
																		Sept	__ / __	_____
																		Oct	__ / __	_____
																		Nov	__ / __	_____
																		Dec	__ / __	_____

Mark “✓” for satisfactory – “X” for unsatisfactory

