



MONTHLY FIRE EQUIPMENT INSPECTION

SITE:
DATE:

EQUIPMENT NUMBER

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	A Fire Prevention Officer appointed.												
2	Employees trained in the safe use of fire extinguishers.												
3	Correct type of fire extinguisher used (dry powder / stored pressure type).												
4	Extinguisher been serviced recently (12 month intervals)												
5	Needle of the pressure gauge in the green. (Sufficient pressure).												
6	The Fire Extinguisher kept clean.												
7	Fire extinguisher protected from the sun and other elements.												
8	Fire extinguisher unobstructed - clear space around.												
9	Any visible damage to the body of the Fire extinguisher.												
10	Any damage to hose, gauge, clamps, handle or cylinder												
11	Safety pin in place and sealed.												
12	All information labels clearly visible and readable on the extinguisher.												
13	Location of the Fire extinguisher been clearly identified with signs.												
14	Fire extinguisher marked with a number.												
15	Other												

INSPECTED BY:

CONSTRUCTION SUPERVISOR:

SIGNATURE:

SIGNATURE: