Mark: () if Ok, (X) if Not Ok, (-) if Not Applicable

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| Fire Extinguisher’s | | | Pressure Gauge | | | Cylinder | | | Content | | Hose | | | Handle | Inspection Tag | | Remarks | Date of Inspection | Initial by the Inspector |
| ID No. | Type | Location | Reading in green section | Clean and legible | Free from damage | Free from damage | Label clean and legible | Owner identification | Weight within specifications | Cylinder inverted and ‘bumped’ to loosen contents(dry  chemical only | Free of obstructions, end cap in position | Connections checked for tightness | Free of cracks and ultraviolet deterioration | Safety pin secured | Attached and marked for inspection | Periodic service certificate / inspection |  |
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| Notes: 1) If Any Answer Is (X) , that Fire Extinguisher has to be removed from the location and noted in the remarks 2) Removed one shall be immediately be handed over to Stores for immediate replacement 3) The monthly status of all the Fire Extinguishers shall be maintained at Stores / HSE 4) Rectification shall be recorded by Stores / Concerned personnel with date on the back of this sheet affixing his initials 5) Every Month end completed record shall be maintained in HSE. 6) Inspection shall be carried out by Supervisor In-charge / HSEO | | | | | | | | | | | | | | | | | | | |
| Name and designation of the initials: | | | | | | | | | | | | | | | | | | | |

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