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| --- | --- |
| Inspection Checklist for Fire Extinguisher | |
| Date & time of Inspection: | Location of Inspection: |
| Extinguisher Number: | Extinguisher Type: water/ CO2/DCP/Foam |
| Inspected by (Name of Safety Personal): | Name of Execution Person: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Is there any sign of external rust / corrosion? |  |  |  |  |  |
| 2 | Is the discharge tube in good condition? |  |  |  |  |  |
| 3 | Are the instructions and label on the extinguishers readable. |  |  |  |  |  |
| 4 | Is CO2 extinguishers full? |  |  |  |  |  |
| 5 | Is the pressure gauge arrow indication in the green shaded area? |  |  |  |  |  |
| 6 | Check base of extinguisher from rust or deformity |  |  |  |  |  |
| 7 | Check extinguisher has been inspected First day of every month (check inspection record card/tag) |  |  |  |  |  |
| 8 | Check seal and pin |  |  |  |  |  |
| 9 | Is the access to the extinguisher free from obstruction |  |  |  |  |  |
| 10 | Any Other observations, (write below) |  |  |  |  |  |

Checked By …………………………………………………………………………………Date…………………..

Signature

HSE Officer Area In-charge /Superintendent /Foreman