

Emergency Equipment Checklist

Main

Inspection Date*: _____

Site/Facility Name*: _____

Inspector Name*: _____

Emergency Equipment Checklist:

Equipment Item	Location	Quantity	Condition	Last Service Date	Comments

Options for 'Condition': Good, Needs Service, Out of Service

Overall Inspection Status*: _____ > Options: Pass, Fail, Partial

Required Follow-Up Actions: (Fill only if applicable)

Inspector Signature*: _____ (Sign above)

