

Fire Extinguisher Inspection Log

Extinguisher Details

Asset ID/Number*: _____

Location*: _____

Extinguisher Type*: _____ > Options: Water, Foam, Dry Chemical, CO2, Wet Chemical, Other

Capacity (kg/L): _____

Last Service Date: _____

Inspection Details

Inspection Date*: _____

Inspector Name*: _____

Pressure Gauge Status*: _____ > Options: In Green (OK), Low Pressure, High Pressure

Safety Pin & Tamper Seal Intact*

Body/Noz. Condition*: _____ > Options: Good, Damaged

Body Corrosion*: _____ > Options: Good, Damaged, Corrosion

Weight Within Tolerance

Signs of Leakage/Corrosion

Inspection Tag Updated*

Remarks: _____

Action Required

Inspector Signature*: _____ (Sign above)

Follow-Up

Follow-Up Due Date: (Fill only if applicable)

Follow-Up Completed (Fill only if applicable)

Completion Date: (Fill only if applicable)