

YOUR LOGO

Company name

Address · Phone · License #

Fire Extinguisher Inspection Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

INSPECTION TYPE

☐ Annual maintenance ☐ 6-year maintenance ☐ Hydrostatic test ☐ New installation

EXTINGUISHERS

LOCATION	TYPE	SIZE (LB)	SERIAL #	MFG. YEAR	SERVICE	NEXT HYDRO	RESULT

GENERAL

#	ITEM	PASS	ACTION NEEDED	NOT CHECKED	FINDING / NOTES
01	Mounting & visibility	☐	☐	☐	
02	Signage	☐	☐	☐	
03	Accessible, unobstructed	☐	☐	☐	
04	Gauges in operable range	☐	☐	☐	
05	Hoses & nozzles	☐	☐	☐	
06	Tags updated	☐	☐	☐	
07	Pins & tamper seals	☐	☐	☐	

DUE NEXT YEAR (6-YEAR / HYDRO)

TECHNICIAN LICENSE / PERMIT #

FIRM CERTIFICATE OF REGISTRATION #

PHOTOS

Attach photos or list photo numbers: _____

NOTES & RECOMMENDATIONS

CERTIFICATION

The extinguishers listed above were inspected and maintained in accordance with NFPA 10 and the fire code adopted where they are located.

TECHNICIAN SIGNATURE

Name: _____ Date: _____

CUSTOMER SIGNATURE

Name: _____ Date: _____