Your Firm LOGO Here...

Your Firm Info
1 Address St., State, City, Zip
Phone (222) 333-4444
Email: email-address.com

MONTHLY FIRE EXTINGUISHER INSPECTION FORM

Facility _____ Inspector _____

Location _____ Date _____

INSPECT THESE ITEMS AT LEAST MONTHLY

Date	Location or Number	Inspected – I or Tested - T	Satisfactory Y or N	If "N", Action Taken	Signature

Additional Comments:

_____

_____

_____

QualityForms.com