

1. INSPECTOR

Name:

Your Firm Info

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



2. FACILITY

Name:

Portable
Fire Extinguisher

PORTABLE FIRE EXTINGUISHER - MONTHLY INSPECTION (Health Care & Ambul)

Organizatio	<u>n:</u>		3. DA	<u>ΓΕ</u>		
4. VISUAL	INSPECTION	[(per Life Safety Code, NFPA 10-1998 ed, 4-3	2)			
		lay interval from the previous month. Document on eith				
		n <u>Designated Place</u> , 2. No <u>Obstruction</u> to Access, 3. <u>Labe</u> n Place, 6. <u>Gauge</u> in Safe Zone, 7. Lift unit & confirm if it				
ID#	Туре		Resu	_	# of Failed	If Failed,
Name	Exting	Location	Pass	Fail	Inspect Pt	Corrective Action
			٥			
			0			
		UCIILV				