Inspection, Testing and Maintenance of Portable Fire Extinguishers

Service Company	Date of Service	Time	Page_____of _____
	Monthly ☐	Annual ☐	Last Service Date
	Owner:		Phone: Fax:
	Contact Person:		Phone: Fax:

Building Name:	Address:	City:	Postal code.

"√" Acceptable "X" Not Acceptable (Explain "NO" answers in comments).

EXTINGUISHER				
LOCATION	**SIZE / TYPE**	**SERIAL #**	**√- X**	**COMMENTS**

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent