

# FIRE INSPECTION CHECKLIST

<b>Inspection Date</b>	
<b>Fire Extinguisher Inspector Name</b>	
<b>License No.:</b>	

<b>Site Inspected Details</b>	
<b>Business Name</b>	
<b>Street Line Address 01</b>	
<b>Street Line Address 02</b>	

Fire Extinguisher Inspection Findings		
Particulars	Complied	Remarks
Correct type deployed	<input type="checkbox"/>	
Kept in proper place	<input type="checkbox"/>	
Easily accessible / no obstruction	<input type="checkbox"/>	
Hanged in upright position	<input type="checkbox"/>	
Hose firmly attached to extinguisher	<input type="checkbox"/>	
Correct color code	<input type="checkbox"/>	
Clear and readable label	<input type="checkbox"/>	
Correct weight of CO2 cartridge	<input type="checkbox"/>	
Safety pin on the extinguisher's cap	<input type="checkbox"/>	
No obstruction in the connected nozzle and hose	<input type="checkbox"/>	
Presence of visual instructions for proper usage	<input type="checkbox"/>	
Properly maintained	<input type="checkbox"/>	
Additional extinguishers available	<input type="checkbox"/>	

Business Name:  
Street Line Address 01:  
Street Line Address 02:

Phone Number:  
Email Address:  
Website:

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