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Inspection Date	Name of Inspecting Person (Print)	Type of Extinguisher <input type="checkbox"/> Water - Ordinary Combustibles <input type="checkbox"/> CO ₂ - Flammable Liquids <input type="checkbox"/> Dry Chemical - Electrical Equipment <input type="checkbox"/> Multipurpose - All of the above <input type="checkbox"/> Class D - Metals	Extinguisher Failings	Extinguisher O.K. <input type="checkbox"/> Unsafe <input type="checkbox"/> As necessary
Inspection Time	Extinguisher #			

✓	X																	
Relevant to anticipated fires in the area	Easily visible	Easily accessible i.e. no obstructions	Extinguisher is in/on cabinet/mounting provided	Cleanliness	Name plate is visible	Fully charged	No corrosion	No leaks	No dents on can	No damage to hose	No damage to nozzle	Indicator on gauge is in operating range	Pull pin is present	Pull pin seal is intact	Within annual inspection date			

FIRE EXTINGUISHER MONTHLY INSPECTION CHECKLIST

FIRE EXTINGUISHER RECORD SLIP

Mark ' ✓ ' in Inspection Boxes if OK
 Mark ' X ' in every box requiring attention
 Mark ' N/A ' in every box not applicable

Signature of Inspecting Person
Position of Inspecting Person