

## MONTHLY FIRE EXTINGUISHER CHECKLIST

The following items shall be checked on all fire extinguishers at the facility and documented. If there is a fire extinguisher on site that does not pass the monthly inspection, notify the safety department immediately.

### Interior Extinguishers:

- ☐ Mounted in an easily accessible place, no debris or material stacked in front of it.
- ☐ Safety pin is in place and intact. Nothing else should be used in place of the pin.
- ☐ Label is clear and extinguisher type and instructions can be read easily.
- ☐ Handle is intact and not bent or broken.
- ☐ Pressure gauge is in the green and is not damaged or showing "recharge"
- ☐ Discharge hoses/nozzle is in good shape and not clogged, cracked, or broken
- ☐ Extinguisher was turned upside down at least three times (shaken)

### Exterior Extinguishers:

- ☐ Discharge Hose/nozzle is in good shape and not clogged, cracked, or broken
- ☐ It is mounted in an easily accessible area, with nothing stacked around it.
- ☐ Safety Pin is in place and not damaged.
- ☐ Pressure gauge is in the green and not damaged or showing "recharge"
- ☐ Label is readable and displays the type of extinguisher and the instructions for use.
- ☐ It is not rusty, or has any type of corrosion build up.
- ☐ Extinguisher was turned upside down at least three times. (Shaken)
- ☐ The location of the extinguisher is easily identifiable. (signs)

## MONTHLY FIRE EXTINGUISHER INSPECTION RECORD

(Record all deficiencies on the monthly plant inspection to be turned into the Safety Department)

<p><b><u>January</u></b> - _____  <small>INITIAL</small></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>February</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>March</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>April</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>
<p><b><u>May</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>June</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>July</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>August</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>
<p><b><u>September</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>October</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>November</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>	<p><b><u>December</u></b></p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected:  YES      NO</p> <p>All passed inspection:  YES      NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept.  YES      NO</p>