

# Fire Extinguishers Maintenance Log

Name of Business: \_\_\_\_\_ For Year: \_\_\_\_\_

<b>Extinguisher Location:</b>
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<b>Make:</b>	<b>Serial Number:</b>
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<b>Type: (Please Check One)</b>	<input type="checkbox"/> ABC Dry Chemical	<input type="checkbox"/> "K" Wet Chemical
	<input type="checkbox"/> BC Dry Chemical	<input type="checkbox"/> Pressurized Water

Manufactured Date: \_\_\_\_\_ Hydro Test Due Date: \_\_\_\_\_

Next 6-Year Inspection Date: \_\_\_\_\_

Date	Condition		Comments	Initials
	Satisfactory	Unsatisfactory		
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Annual Test Date: \_\_\_\_\_ Done

By: \_\_\_\_\_