

MONTHLY INSPECTION & TESTING REPORT

INSPECTED BY: _____ DATE: _____

Portable Fire Extinguishers:

(Record the serial number of each extinguisher requiring maintenance by a qualified contractor)

1	4	7
2	5	8
3	6	9

TEST PERFORMED:	✓ OR "X"	Comments/Remarks
Means of Egress	<input type="checkbox"/>	_____
Fire Detection & Alarm System	<input type="checkbox"/>	Location: _____
Standpipe System	<input type="checkbox"/>	_____
Sprinkler Systems	<input type="checkbox"/>	Water Press.: _____
	<input type="checkbox"/>	Air Press.: _____
Fire Pump	<input type="checkbox"/>	_____
Fixed Extinguishing System	<input type="checkbox"/>	_____
Emergency Lighting Units	<input type="checkbox"/>	_____
Emergency Generator	<input type="checkbox"/>	Oil Pressure: _____
	<input type="checkbox"/>	Temperature: _____
	<input type="checkbox"/>	Low Coolant _____
	<input type="checkbox"/>	Low Fuel _____
	<input type="checkbox"/>	Lamp Test _____
	<input type="checkbox"/>	Low Voltage _____
	<input type="checkbox"/>	Over-speed _____
	<input type="checkbox"/>	Hi-Temp. _____
	<input type="checkbox"/>	Low Oil _____
<input type="checkbox"/>	Hour Meter: _____	

COMPLETE ONE FORM PER MONTH

