## Checklist for Fire Extinguishers

| Name of Inspector: | | | | | | | Date: | | |
|---|---|---|---|---|---|---|---|---|---|
| S.No | Location | Type of Fire Extn | Body Condition | Condition of Hose | Condition of Clip | Access way | Date of service and refilliing date | Condition of operating procedure sticker | Remarks |
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| NOT OK = X | | | | | | | | | |