

# FIRE PREVENTION MONTHLY LOG

For Year: \_\_\_\_\_

## FIRE EXTINGUISHER MAINTENANCE LOG

Name of Occupancy: \_\_\_\_\_

Address: \_\_\_\_\_ Community: \_\_\_\_\_

Main Building:  Yes  No Name of Ancillary Building: \_\_\_\_\_  
(if applicable)

Fire Extinguisher Location or Number: \_\_\_\_\_

Make: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Model: \_\_\_\_\_ Location: \_\_\_\_\_

TYPE: (check one)

ABC Dry Chemical

C02

BC Dry Chemical

Pressurized Water

K Extinguisher

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

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

MONTH	DATE	CONDITION		REMEDIAL ACTION	COMMENTS	INITIALS
		Satisfactory	Un-satisfactory			
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

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

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