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|  | **FIRE EXTINGUISHER****CHECKLIST** |  |
| **FREQUENCY** | **DATE** |
| **WEEKLY** |  |
| **Location .......................................................................** |
| **FIRE EXTINGUISHER - ITEMS TO CHECK** | **YES** | **NO** | **IMP.** |
| 1. Fire extinguisher are wall mounted or positioned properly in boxes: |  |  |  |
| 2. Fire extinguisher positions are marked and readable. |  |  |  |
| 3. Fire extinguishers are positioned as per standard and site requirement. |  |  |  |
| 4. Fire extinguishers are fully charged and operable. |  |  |  |
| 5. Fire extinguisher pressure gauge is in good condition. |  |  |  |
| 6. Fire extinguishers are readily accessible and unobstructed. |  |  |  |
| 7. Fire extinguishers are as per requirement and for class of fire. |  |  |  |
| 8. Fire extinguishers not showing any sign of wear or rusted parts. |  |  |  |
| 9. Fire Extinguisher shells not damaged or show any deformity.  |  |  |  |
| 10. Fire extinguisher hose assemblies are secured and free from defects. |  |  |  |
| 11. Fire extinguishers have tag or label securely attached or displayed for inspection (dd/mm/yy). |  |  |  |
| **Comments:** |  |  |
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| **Location** | **Co2** | **REMARKS (Mention checks Serial No.)** | **DCP** | **REMARKS** |
| **Qty** | **OK** | **Not OK** | **Qty** | **OK** | **Not OK** |
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| **LEVEL** | **Co2** | **REMARKS (Mention checks Serial No.)** | **DCP** | **REMARKS** |
| **Qty** | **OK** | **Not OK** | **Qty** | **OK** | **Not OK** |
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| **Inspected By;****Name: .............................................. Designation: ..................................... Signature: .....................................** |