

# MONTHLY INSPECTION & TESTING REPORT

DATE: \_\_\_\_\_

**Portable Fire Extinguishers:**

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

1	4	7
2	5	5
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



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