

## FIRE EXTINGUISHER TRAINING VIDEO

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### MONTHLY FIRE EXTINGUISHER CHECKLIST

The following items shall be checked on all fire extinguishers at the facility and documented. If there is a fire extinguisher on site that does not pass the monthly inspection, notify your safety department immediately.



#### Interior Extinguishers:

- Mounted in an easily accessible place, no debris or material stacked in front of it.
- Safety pin is in place and intact. Nothing else should be used in place of the pin.
- Label is clear and extinguisher type and instructions can be read easily.
- Handle is intact and not bent or broken.
- Pressure gauge is in the green and is not damaged or showing "recharge"
- Discharge hoses/nozzle is in good shape and not clogged, cracked, or broken
- Extinguisher was turned upside down at least three times (shaken)

#### Exterior Extinguishers:

- Discharge Hose/nozzle is in good shape and not clogged, cracked, or broken
- It is mounted in an easily accessible area, with nothing stacked around it.
- Safety Pin is in place and not damaged.
- Pressure gauge is in the green and not damaged or showing "recharge"
- Label is readable and displays the type of extinguisher and the instructions for use.
- It is not rusty, or has any type of corrosion build up.
- Extinguisher was turned upside down at least three times. (Shaken)
- The location of the extinguisher is easily identifiable. (signs)

MONTHLY FIRE EXTINGUISHER INSPECTION RECORD

(Record all deficiencies on the monthly plant inspection to be turned into the Safety Department)

<p><b>January</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>February</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>March</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>April</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>
<p><b>May</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>June</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>July</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>August</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>
<p><b>September</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>October</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>November</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>	<p><b>December</b> - _____ INITIAL</p> <p>Total # of Extinguishers onsite: _____</p> <p>All have been inspected: YES NO</p> <p>All passed inspection: YES NO</p> <p># Did not pass: _____</p> <p>Notified Safety Dept. YES NO</p>