

Project: \_\_\_\_\_ Project Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Fire Extinguisher Inspection Log

Item	Serial # Cylinder	Location	Model	Type	Manuf.	Annual	UIHC Review (Initials/Date)
1.							
2.							
3.							
4.							
5.							
6.							

Item	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial
1.												
2.												
3.												
4.												
5.												
6.												

Item	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial
1.												
2.												
3.												
4.												
5.												
6.												

Comments: \_\_\_\_\_  
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