FORM 16-A

Portable Fire Extinguishers

Inspection, Maintenance, and Recharge

Date: _____ **Inspector:** _____ **System:** _____

Location: _____

Extinguisher Location Building/Floor/Area	Extinguisher Type	Serial Number	I.D. Number	Date Purchased	Use (M) for monthly inspections. Use (A) for annual maintenance check. Use (R) for extinguisher recharge.												Notes*
					J	F	M	A	M	J	J	A	S	O	N	D	

*Number notes and explain on reverse.

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