***FIRE PREVENTION MONTHLY LOG***

**For Year: \_\_\_\_\_\_\_\_\_**

**FIRE EXTINGUISHER MAINTENANCE LOG**

**Name of Occupancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Main Building: \_\_\_\_ \_\_\_\_ Name of Ancillary Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yes No (if applicable)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONTH** | DATE | CONDITION | | **REMEDIAL ACTION** | **COMMENTS** | **INITIALS** |
| **Satisfactory** | **Un-**  **satisfactory** |
| January |  |  |  |  |  |  |
| February |  |  |  |  |  |  |
| March |  |  |  |  |  |  |
| April |  |  |  |  |  |  |
| May |  |  |  |  |  |  |
| June |  |  |  |  |  |  |
| July |  |  |  |  |  |  |
| August |  |  |  |  |  |  |
| September |  |  |  |  |  |  |
| October |  |  |  |  |  |  |
| November |  |  |  |  |  |  |
| December |  |  |  |  |  |  |

**Fire Extinguisher Location or Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE: (check one)**  **ABC Dry Chemical**  **C02**

**BC Dry Chemical**  **Pressurized Water**

**K Extinguisher**

**Manufactured Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hydro Test Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next 6-Year Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Annual Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Done By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_