

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FIRE EXTINGUISHERS - MONTHLY INSPECTION**

SITE AND BLDG #: NY030 BLDG1MECHANIC  
SIGNATURE: DATE: 1/12/23LOCATION/RM #: BLDG1 WO# 11554 ASSET # GOO7START TIME: 11:45amFINISH TIME: 12am

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                                                      | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)              |  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------|--|
|                                            |                                                                                                                                                                                                             | YES                                 | NO                       |                                                                                      |  |
| SPECIAL INSTRUCTIONS                       |                                                                                                                                                                                                             |                                     |                          |                                                                                      |  |
| 1                                          | Each extinguisher shall have an inspection tag securely attached that indicates the month and year the inspection was performed and the initials of the person performing the inspection shall be recorded. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |  |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                                                                                                             |                                     |                          |                                                                                      |  |
| 1                                          | A visual inspection is a quick check to see that the fire extinguisher is in its proper location, that it is not blocked, is fully charged, and that it appears to be in good working order.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                      |  |
| 2                                          | Check that extinguisher is in designated place                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                      |  |
| 3                                          | Check for no obstruction to access or visibility.                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                      |  |
| 4                                          | Check that pressure gauge reading or indicator is in the operable range or position.                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                      |  |
| 5                                          | Update tag indicating that inspection has been preformed. Include the date and your initials.                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                      |  |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**