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

**SITE AND BLDG #:** NY030-02

**MECHANIC SIGNATURE:** James R Groft

**DATE:** 03/15/2026

**LOCATION/RM #:**

**WO#** 21246

**ASSET #**G005

**START TIME:**

**FINISH TIME:**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (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. | X | | |
| **TO BE PERFORMED AT EACH INSPECTION SERVICE (MONTHLY)** | | | | |
| 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. | X | | |
| 2 | Check that extinguisher is in designated place | X | | |
| 3 | Check for no obstruction to access or visibility. | X | | |
| 4 | Check that pressure gauge reading or indicator is in the operable range or position. | X | | |
| 5 | Update tag indicating that inspection has been preformed. Include the date and your initials. | X | | |

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 perfomed by: General Maintenance Worker

**Additional Notes:**