

Fire Extinguisher

Meets ASE Task: None specified

Name: _____ Date: _____ Time on Task: _____

Make/Model/Year: _____ VIN: _____

Evaluation (Enter number from 4, 3, 2, 1) : _____

- ☐ 1. Describe the location of the fire extinguishers in your building or shop and note the last inspection dates.

Type of Extinguisher	Location	Inspection Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ 2. Do any of the fire extinguishers need to be charged?

_____ Yes (which ones) _____

_____ No

- ☐ 3. Where can the fire extinguishers be recharged? List the name and telephone number of the company.

- ☐ 4. What is the cost to recharge the fire extinguishers?

a. Water = _____

b. CO₂ = _____

c. Dry chemical = _____

