# FIRST AID KIT / FIRE EXTINGUISHER INSPECTION

Year:

***IF ANY ITEM ON THIS CHECKLIST NEEDS TO BE ADDRESSED, TAKE THIS FORM TO YOUR IMMEDIATE SUPERVISOR OR MAINTENANCE SUPERVISOR.***

| **Fire Extinguisher** | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
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| **ID** | **Location** | **Size** | | | | | | | | | | | | |
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| **First Aid Kit** | | | | | | | | | | | | | | |
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Fire-First Aid Inspection ** Initial that item is in good working order.