FIRE EXTINGUISHER LOG **Date:**

Facility Manager:	Duty Phone:	Email:	Bldg./Igloo:	Organization	Office Symbol:

FACILITY MGR. FILL OUT				FIRE INSPECTOR'S FILL OUT					
TYPE	DOM	SERIAL #	LOCATION	ANNUAL	6YR. MAINT.	12YR. HYDRO	REMARKS	INSP. INIT.	DATE MTH/YR
ex. ABC	1994	AX453335	Lobby, East Wall	1 Sep 04	1 Sep 00	1 Sep 06		RB	Sep 04