FIRE EXTINGUISHER REPLACEMENT FORM

THE FOLLOWING INFORMATION MUST FILLED OUT COMPLETELY AND THE UNIT MUST BE REPLACED

DATE AND TIME  ____/____/20____ @____:____ HOURS

SIZE AND TYPE OF EXTINGUISHER(S) BEING REPLACED:

___2-1/2 lb. ABC  ___5 lb. CO2  ___K-class

___5 lb. ABC  ___10 lb. CO2  ___Other_____________

___10 lb. ABC  ___15 lb. CO2

LOCATION OF EXTINGUISHER (give detailed location, i.e. laundry room Newman Towers East)

________________________________________________________________________________________

________________________________________________________________________________________

REASON EXTINGUISHER(s) WAS REMOVED FROM LOCATION:

___Used on actual fire  ___Accidental Discharge  ___Vandalism/Damage

___Other (please provide details.)

Fire Extinguisher replaced by____________________of__________. Date ____/____/20____.
Signature of person replacing Fire Extinguisher______________________________________________.