FIRE EQUIPMENT INSPECTION REGISTER

COMPANY:	PERIOD:

NO.	LOCATION & TYPE OF EQUIPMENT	NEXT PRESSURE TEST DUE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

INSPECTED BY												
DATE OF INSPECTION												

USE THE FOLLOWING AS GUIDELINES WHEN CONDUCTING INSPECTIONS. WRITE OK OR INDICATE THE NUMBER OF THE DEVIATION AS LISTED BELOW.

1. Location not clearly marked.
2. Area below unit not demarcated.
3. Equipment obstructed/access blocked.
4. Incorrect type for hazard.
5. Unit damaged.
6. Seals broken.
7. Pressure low.
8. Operating instruction label not readable/incomplete.
9. Lip seals in place (hydrants).
10. Equipment due for yearly service.
11. Valve / valve handle missing / damaged.
12. Hose nozzle missing / damaged.
13. Hose damaged.
14. Protective box / cover damaged / missing.
15. Signage damaged / not adequate.