

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Building Name:** \_\_\_\_\_ **Department Name:** \_\_\_\_\_

**Location of Fire Extinguisher:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Email:** \_\_\_\_\_

Confirm the fire extinguisher is visible , unobstructed, and in it's designated location.

Verify the locking pin is intact and the tamper seal is unbroken. Examine the fire extinguisher for obvious physical damage, corrosion, or leakage.

Confirm the pressure gauge or indicator is in the operable range or position (indicator on the edge of red to left requires replacement, to the right is normal).

Ensure the operating instructions are legible and facing outward.

Check the last professional service date on the tag. (The Office of Safety must have inspected the extinguisher within the past 12 months).

Initial and date the back of the monthly fire extinguisher inspection tag.

Employee Electronic Signature and Date: \_\_\_\_\_

**Please return this form to the UND Office of Safety. For questions or assistance, please email to:**  
[UND.Safety@UND.edu](mailto:UND.Safety@UND.edu) or call 701.777.3341