**Date 23 / 07 / 2017 (To be inspected by safety every month)**

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| **Serial No.** | **Date of Service by Third Party** | **Extinguisher type****(Powder , Co2 , Foam)** | **Capacity** | **Tag No.** | **Location** | **Condition of Body** | **Condition of discharge** | **Is safety pin in location** | **Is pressure gauge shows enough pressure** | **Is inspection tag in place**  | **is access free from obstruction** | **Date of Service done by Third Party** |
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**Name Signed … … … … … … … … … … … Date / /**