

Fire Extinguisher Inspection Tag

(This tag shall be affixed to the extinguisher at the time of its annual inspection.)

Facility Name: _____

Address: _____
Ames, IA 5001 _____

Inspected by: _____
(Print)

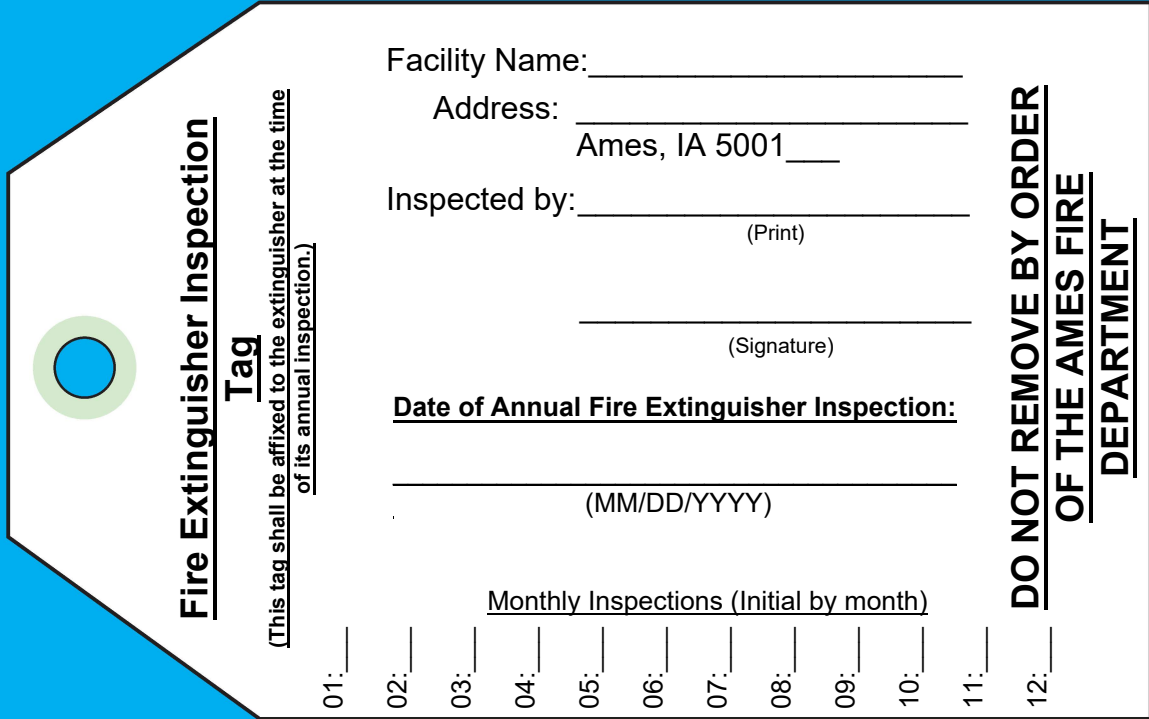
(Signature)

Date of Annual Fire Extinguisher Inspection: _____
(MM/DD/YYYY)

Monthly Inspections (Initial by month)

01: _____	02: _____	03: _____	04: _____	05: _____	06: _____	07: _____	08: _____	09: _____	10: _____	11: _____	12: _____
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DO NOT REMOVE BY ORDER OF THE AMES FIRE DEPARTMENT



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This page consists of two Inspection Tags to copy and cut out as needed.

Fire Extinguishers shall only be tagged by individuals who have completed the Ames Fire Extinguisher Inspection Course and Test.