**Fire safety Checklist**

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| --- | --- | --- | --- |
| Project name |  | Date |  |
| Engineer in charge |  | Day |  |
| Safety officer |  | Rep. # |  |

**Fire extinguishers check:**

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| --- | --- | --- | --- | --- | --- | --- |
| SN | Type of Extinguisher | Capacity | Location | Pressure | Date of last maintenance | Status\* |
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\*In description above state if any defects show on any element of the above, any defect results in ⌧, if no defects at the element check by 🗹.

**Remarks by safety officer:**

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**Remarks by Project engineer:**

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| --- | --- | --- |
| Project Engineer | Safety officer | Employee |
|  |  | Name: |
|  |  | Date: |
|  |  | Signature: |

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