Insert Logo Here

Service Company Information
(Address, Telephone, & Contact Information

Extinguisher / Fire Hose Unit Tests

Date of Service:	Last Service Date:

Monthly ☐	Annual ☐	Special Inspection ☐

Building Name:	Contact Person:	Phone:
		Fax:
Address:	Owner/Strata Number:	Phone:
		Fax:
City:	Postal Code:	

Column Legend

Mfg. Date	Date of Manufacture (year only)
Svc Date	Last Major Service Date (year only)

Major Service Performed

R	Recharge
M	Internal Maintenance
H	Hydrostatic Test

"✓" = Yes - Acceptable "X" = No - Not Acceptable (Explain "NO" answers in comments).

EXTINGUISHERS/HOSES

LOCATION	SIZE / TYPE	SERIAL #	Mfg. Date	Svc Date	R M H	✓	REMARKS

Compliance Statement and Signatures

The information on this form and in the _____ pages attached here-to attest that the equipment listed here-in was tested / inspected in conformance with applicable Codes, local bylaws, Standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". A record of this inspection and test shall be maintained on the premises in accordance with the National Fire Code of Canada as adopted within this jurisdiction.

Company Name			
Supervising Technician	**Certification No.**	**Date**	**Technician Signature**
Company Name			
Assisting Technician	**Certification No.**	**Date**	**Technician Signature**

Building Life Safety Systems – Fire Extinguisher / Hoses Inspection Record – Copyright © 2026 by www.firetechs.net – All Rights Reserved

BUILDING LIFE SAFETY SYSTEMS – Extinguisher / Fire Hose Unit Inspection & Testing

Building Name:		Date:	
Address:			

Column Legend		Major Service Performed	
Mfg. Date	Date of Manufacture (year only)	R	Recharge
Svc Date	Last Major Service Date (year only)	M	Internal Maintenance
		H	Hydrostatic Test

"✓" = Yes - Acceptable "X" = No - Not Acceptable (Explain "NO" answers in comments).

EXTINGUISHERS/HOSES							
LOCATION	SIZE / TYPE	SERIAL #	Mfg. Date	Svc Date	R M H	✓	REMARKS/COMMENTS

Comments/Notations:

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