

DESOTO PARISH FIRE EXTINGUISHER AND EXIT/EMERGENCY LIGHTS

NAME OF SCHOOL: _____

EMPLOYEE'S SIGNATURE COMPLETING REPORT: _____

PRINCIPAL'S SIGNATURE: _____

DATE: _____

INSPECTION OF FIRE EXTINGUISHERS

REMIT TO HEITH PARKER, DIRECTOR OF OPERATIONS, BY THE END OF THE FIRST WEEK OF EACH MONTH.

LOCATION AND CONDITION OF DEFECTIVE FIRE EXTINGUISHER

LOCATION AND CONDITION OF DEFECTIVE EXIT/EMERGENCY LIGHTS

ALL EXTINGUISHERS WERE INSPECTED AND ARE IN GOOD CONDITION: ☐ (check if yes)

ALL EXTINGUISHERS ARE INITIALED AND TAGGED BY JANITOR AND SHOW SAME INSPECTION DATE: ☐ (check if yes)

ALL EXIT/EMERGENCY LIGHTS WERE INSPECTED AND ARE IN GOOD CONDITION: ☐ (check if yes)