NISHE National Institute of Safety, Health & Environment	Document Title:- Fire Extinguisher Checklist	Document No Date

Site :- **Date :-**

Location :- **Forman/Supervisor :-**

Sr. No.	Location	Capacity	Type of fire Extinguisher	Expiry Date	Remark

Prepared By :- **Verified By :-**

Name:- **Name :**

Signature :- **Signature**