



PUSAT SEBARAN MAKLUMAT NASIONAL (NADI)



FIRE EXTINGUISHER INSPECTION FORM

SITE NAME : _____ DATE : _____
PHASE : _____ TECHNOLOGY : _____
STATE : _____ VENDOR : _____

Please noted (OK) if everything is in good condition
Please comment if not satisfied or not in good condition

A.) CHECKLIST

No	Item	Fire Extinguisher 1	Fire Extinguisher 2
1	Type Of Fire Extinguisher		
2	Model		
3	Condition		
4	Expired Date		

B.) PHOTO OF EQUIPMENT

REMARKS / COMMENT:

VENDOR VERIFICATION

NAME : _____
COMPANY : _____
CONTACT NO : _____
SIGN & STAMP : _____

NADI VERIFICATION

NAME : _____
DESIGNATION : _____
CONTACT NO : _____
DATE : _____
SIGN & STAMP : _____