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# Fire Safety Maintenance Report Form

Date: \_\_\_\_\_

Report No.: \_\_\_\_\_

## Section 1: General Information

- Location/Building Name: \_\_\_\_\_
- Inspection Conducted By: \_\_\_\_\_
- Contact Information: \_\_\_\_\_

## Section 2: Equipment/Device Information

- Equipment Type: ☐ Fire Extinguisher ☐ Alarm System ☐ Sprinkler System ☐ Other
- Device ID/Serial No.: \_\_\_\_\_
- Device Location: \_\_\_\_\_

## Section 3: Inspection Details

- Inspection Date: \_\_\_\_\_
- Inspection Type: ☐ Routine ☐ Annual ☐ Emergency
- Observed Conditions:

\_\_\_\_\_

## Section 4: Maintenance Performed

- Steps Taken:
  - \_\_\_\_\_
  - \_\_\_\_\_

- \_\_\_\_\_
- **Replacements (if any):**
  - Part: \_\_\_\_\_ Quantity: \_\_\_\_\_

#### **Section 5: Technician's Information**

- **Technician Name:** \_\_\_\_\_
- **Technician ID:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_

#### **Section 6: Approval**

- **Reviewed By:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Approved By:** \_\_\_\_\_
- **Date:** \_\_\_\_\_