EDINBURG C.I.S.D.
RISK MANAGEMENT DEPARTMENT
2009-2010

FIRE EXTINGUISHER INSPECTION CHECKLIST

MONTH OF :_____

CAMPUS / DEPARTMENT:_____DATE:_____

Ext.#	Location	Current Annual Inspection Tag YES / NO	Charged YES / NO	Missing
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	

"SAFETY IS NO ACCIDENT"

PAGE____ OF____

_____

SIGNATURE OF INSPECTOR

EDINBURG C.I.S.D.
RISK MANAGEMENT DEPARTMENT
2009-2010

EMERGENCY LIGHTS INSPECTION CHECKLIST

MONTH OF :_____

CAMPUS / DEPARTMENT:_____DATE:_____

Location	In Working Condition YES / NO
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/

"SAFETY IS NO ACCIDENT"

PAGE ____OF _____

_____

SIGNATURE OF INSPECTOR

EDINBURG C.I.S.D.
RISK MANAGEMENT DEPARTMENT
2009-2010

EXIT LIGHTS INSPECTION CHECKLIST

MONTH OF :_____

CAMPUS / DEPARTMENT:_____DATE:_____

Location	In Working Condition YES / NO
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/
	/

Signature of Inspector:_____ Page ___ of ___

"SAFETY IS NO ACCIDENT"