University of California, Davis
Fire Department

REPORT OF IMPAIRED OR MISSING FIRE EXTINGUISHER

Part I (To be completed by person filing initial report)

Date_____

Reporting Party _____ Campus Phone No. _____

Location of Extinguisher _____

Type of Extinguisher _____ Extinguisher No. _____

Problem: Extinguisher Missing ____ Seal Broken ____ Discharged ____

Other (specify) _____

Report Taken By _____

Part II (To be completed by Extinguisher Technician)

Follow-up Date _____

If Discharged, Reason for Extinguisher Use:

Fire ____ Malicious Use ____ Unknown ____

If "Fire" is checked above, provide a copy to A/C Arvin

Part III (To be completed by Fire Investigator)

Type of Fire:

Laboratory Process ____ Non-Laboratory Structural ____ Vehicle ____

Other (specify) _____

Brief Description of Fire _____

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Fire Investigator

Revised 2/2008