S.A. COMUNALE

# FIRE EXTINGUISHER INSPECTION REPORT

☒ BRANCH PHONE NUMBER: 740-383-6789 ☐ NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 07/15/2026

SITE MARION TECHNICAL DOWNTOWN CONTACT RONDA (CFO)

ADDRESS 107 N MAIN STREET PHONE 740-725-4017

CITY MARION STATE OH ZIP 43302

This inspection is: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly ☐ Weekly

| | YES | N/A | NO |
|---|---|---|---|
| A. Are all extinguishers free from obstruction to access or visibility? | X | | |
| B. Are the operating instructions on nameplates legible and facing outward? | X | | |
| C. Are all safety seals and tamper indicators in place and free from physical damage? | X | | |
| D. Do all extinguishers seem to be full by weighing or hefting? | X | | |
| E. Are all extinguishers free from physical damage, leaks, corrosion, and clogged nozzles? | X | | |
| F. Are all pressure gauges are in the operable range or position? | X | | |
| G. Are all HMIS (Hazardous Materials Information System) labels in place? | X | | |
| H. Are fire extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor. | X | | |

| LOCATION OF EXTINGUISHER | SIZE | AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AAAF / FFFP | MANUFACTURE DATE | MANUFACTURE OF FIRE EXTINGUISHER | INSPECTIONS PERFORMED (X) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | INSPECTION | SERVICE NEEDED | 6YR – 12 YR DUE DATE | HYDRO DUE DATE | BRACKET | COLLAR | GAUGE | PULL PIN | PULL PIN SEAL | SIGNAGE |
| By FACP | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| Elevator Equipment Roo | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| By Technology Room | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| By Womens Restroom | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| By LL Stairway | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| Main Elevator | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| By Elevator Room | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| School Room | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| School Room Exit | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| Elevator Equipment Roo | 10 | ABC | 2025 | AMEREX | X | | 2031 | | X | X | X | X | X | X |
| Room 201B | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| Outside Room 201B | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| Data Room 204A | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| Room 206 | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| By Room 211 | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |
| Conference Room 212A | 10 | ABC | 2024 | FIRST ALERT | X | | 2030 | | X | X | X | X | X | X |

**Are services required on the Fire Extinguishers:** ☐ YES ☒ NO **How many units this page require Service:** N/A.

☐ **Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP #** _____ **which is attached to this form.**

☒ No **SERVICE FOLLOW UP REPORT** was required during this inspection.

**I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 10 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.**

**Name of Inspector** Brandon Bickers **Signature** _____ **Certification #** 54-70-1512

**I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.**

**Name of Owner or Representative** Kevin **Signature** _____