**Objective:** To assure that all personnel are familiar with the proper techniques for using, inspecting, and maintaining fire extinguishers.

Unlike many workplace hazards, fire is a potential threat in nearly every industry and environment. This makes fire one of the most deadly workplace hazards, killing hundreds and injuring thousands on the job each year.

When employees are properly trained to use fire extinguishers, they have the ability to save lives, as well as property.

**Use the PASS technique:**

* **Pull the pin:** Remove the safety pin, which will allow the activation handle to be squeezed.
* **Aim the nozzle at the base of the fire:** Stand at least 8-10 feet from the fire and point the nozzle at the fire’s base, which is where its fuel is located.
* **Squeeze the handles together:** This releases the extinguishing agent.
* **Sweep from side to side:** Coat the fuel at the base of the fire with the agent until the fire has been completely extinguished.

**Inspections and Maintenance:**

* Fire extinguishers must be:
	+ Fully charged and operational at all times.
	+ Serviced annually, or after discharge.
	+ Properly tagged with the details and date of their latest inspection.
	+ Located throughout the facility and readily accessible.
	+ Kept in their designated places.

**Inspections and Maintenance (continued):**

* A **qualified person** must perform a monthly inspection of extinguishers to assure that:
	+ The locking pin is in place and secure.
	+ The pressure gauge indicates the extinguisher is full (if applicable).
	+ Legible operating instructions are attached to the extinguisher.
	+ The extinguisher shows no physical damage, e.g., corrosion, cracks, leakage, or dents.

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: Date:

Trainer: Trainer’s Signature:

**Class Participants:**

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

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