

**To Be Completed By Tenant
Requesting Annual Fire Extinguisher Service**

Service Technician's Use Only

Tenant Name: _____
 Building/Suite: _____
 Telephone: _____
 Contact Name: _____

Please include the following fire extinguishers located within our suite for the annual fire extinguisher inspection conducted by the Landlord

LOCATIONS

Provide specific location of each extinguisher. List additional extinguishers on separate form.

If you have more then one floor, complete one form for each floor.

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Work Item	Unit Price	Code	Service Code
Service Charge	\$15.00	SC	Annual
Annual Inspection	\$5.00	INSP	Annual
5lbs. Dry C	\$12.96	5DC	6 yr Service
10lbs. Dry Chemical Recharge	\$18.00	10DC	6 yr Service
Hydro Testing	\$15.51	HT	12 yr Service.
Quad Ring	\$4.00	QR	Repair
Pull Pin/Safety	\$3.00	PP	Repair
Valve Stem	\$16.00	VS	Repair
Valve Repair	\$10.00	VR	Repair
Verification of Service Collar	\$3.00	VSC	Repair
New 5 lb.Dry Chemical Extinguishers ea.		\$55.50	

I agree to the charges listed above and understand I will be invoiced for all applicable charges immediately following completion of this work:

Print Name: _____

Signature: _____ Date _____

E-mail to stschetter@breapm.com or Fax to 248-415-0986

Service Date: _____

Technician: _____

No.
Each

1	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Repair Detail	_____
2	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Repair Detail	_____
3	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Repair Detail	_____
4	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Repair Detail	_____
5	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Repair Detail	_____
6	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Repair Detail	_____

Notes: _____

