

ISANTI COUNTY FAMILY SERVICES DAY CARE
FIRE EXTINGUISHER CORRECTION / INSPECTION VERIFICATION

I THE UNDERSIGNED VERIFY THE FIRE EXTINGUISHER BEING USED IN THE HOME OF

Name

Address

**MEETS MINNESOTA STATUTES 9502.0315 Subp. 12, 19b; 9502.0335 Subp.2,A.B.C.;
9502.0425 Subp. 16, HAVING BEEN TESTED AND SERVICED.**

Inspector

Date

THIS VERIFICATION DOCUMENT RECEIVED BY LICENSING WORKER

Worker Name

Date

FILE: DC FIRE EXTINGUISHER CORRECTION/INSPECTION VERIFICATION