



STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	EHS
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	1 of 11

1.0 OBJECTIVE:

To lay down a procedure for Operation of Fire Extinguisher.

2.0 SCOPE:

This Procedure is Applicable to define the procedure for Operation of Fire Extinguisher inside the Plant Premises at

3.0 RESPONSIBILITY:

Officer Safety

4.0 ACCOUNTABILITY:

Head - EHS

5.0 ABBREVIATIONS:

SOP Standard Operating Procedure
QA Quality Assurance
EHS Environmental Health & Safety
No. Number
Ltd. Limited

6.0 PROCEDURE:

Safety Equipments i.e. Fire Extinguisher plays important role in the industry. Vital instruments and products etc. may be damaged / destroyed in case of it's unavailability.

6.1 FIRE EXTINGUISHER:

Fire cause major damage to the product as well to the plant and machineries, in some case it may be fatal. It is better to prevent fire by safety practice and not by fire fighting.

Below mentioned are the details related with different Types of Fire Extinguisher to control different types of fire respectively.

6.1.1 A Type : Controlling Fire of Wood ,Paper, Plastic & Clothes

6.1.2 AB Type : Controlling Fire of Oil, Chemicals and Solvents etc.

6.1.3 ABC Type : Controlling of all types of Fire.

6.1.4 BC (CO₂) : Controlling Fire of Liquid, Gas and Electrical Appliances etc.

6.1.5 BC/DCP : Controlling Fir of Metal, Liquid, Gas, Electrical Appliances etc.

6.2 For small fire fighting we have arranged the following type of fire extinguisher at different Locations in the Plant:



STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	EHS
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	2 of 11

6.2.1 POWDER TYPE (ABC):

It is useful for the Total Fire Protection against all fire risks like:

- Fire in electrical appliances.
- Fire in wood, paper, cloth etc.
- Fire in Chemical Solvents, Diesel, Petrol, Oil, kerosene, Paint etc.
- LPG gas etc.

OPERATING PROCEDURE:

6.2.1.1 Lift the fire extinguisher from it's stand / clamp / specified Location

6.2.1.2 Bring it near the base of fire.

6.2.1.3 Remove it's Safety pin.

6.2.1.4 Squeeze the lever and Spray the dry powder at the base of the Fire.

6.2.1.5 After complete / partly discharge the extinguisher must be refilled.

6.2.1.6 Pressure Gauge of fire extinguisher must be checked Monthly/Daily. It should be ensured that needle is not in red zone.

6.2.2 AQUEOUS FILM FORMING FOAM TYPE (AB):

It is useful for the Total Fire Protection against fire risks like:

- Fire in Chemical Solvents, Diesel, Petrol, Oil, kerosene, Paint etc.

OPERATING PROCEDURE:

6.2.2.1 Lift the fire extinguisher from it's stand / clamp / specified Location

6.2.2.2 Bring it near the base of fire.

6.2.2.3 Remove it's Safety clip.



STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	EHS
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	3 of 11

6.2.2.4 Press plunger down hard & spray the foam at the base of the fire.

6.2.2.5 CO₂ gas cartridge of fire extinguisher must be weight checked monthly.

6.2.3 WATER TYPE FIRE EXTINGUISHER(A):

It is useful for the Total Fire Protection against following:

- Fire in Wood, Paper, Plastic & Cloth etc.

OPERATING PROCEDURE:

6.2.3.1 Lift the Fire Extinguisher from it's stand / clamp / specified Location.

6.2.3.2 Bring it near the base of fire.

6.2.3.3 Remove it's safety clip. Press Plunger down hard.

6.2.3.4 Squeeze the Water Jet of Fire Extinguisher over.

6.2.3.5 After complete / partly discharge the extinguisher must be refilled.

6.2.3.6 CO₂ gas cartridge of fire extinguisher must be weight checked monthly.

6.2.4 BC TYPE FIRE EXTINGUISHER (CO₂):

It is useful for the Total Fire Protection against following:

- Liquid, Gases & Electrical Appliances.

OPERATING PROCEDURE:

6.2.4.1 Lift the Fire Extinguisher from it's stand / clamp / specified Location.

6.2.4.2 Bring it near the base of fire.

6.2.4.3 Remove it's safety pin, open it's wheel in anticlockwise direction.

6.2.4.4 At the time of Opening there is some unpleasant sound. Don't be panic. It is normal sound of this Fire Extinguisher.

6.2.4.5 Spray the CO₂ Gas over the Fire.



STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	EHS
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	4 of 11

6.2.4.6 After complete / partly discharge the extinguisher must be refilled.

6.2.4.7 Gross weight, empty weight and present weight should be checked monthly.

6.2.5 BC/DCP TYPE FIRE EXTINGUISHER (DRY CHEMICAL POWDER):

It is useful for the Total Fire Protection against following:

- Fire in Metal Fire, Electric Fire, etc.

OPERATING PROCEDURE:

6.2.5.1 Lift the fire extinguisher from it's stand / clamp / specified Location

6.2.5.2 Bring it near the base of fire.

6.2.5.3 Remove it's Safety clip.

6.2.5.4 Press plunger down hard & spray the dry powder at the base of the fire.

6.2.5.5 CO₂ gas cartridge of fire extinguisher must be weight checked monthly

6.2.6 VALIDITY / EXPIRY:

Type	New	Old
ABC	5 Yrs	3 Yrs
BC (CO ₂)	5 Yrs	3 Yrs
A	1 Yr	1 Yr
BC/DCP	1 Yr	1 Yr
AB / Foam	1 Yr	1 Yr

6.2.7 Check pressure on the gauge. Needle should remain in “**Green Region**”; if it comes to “**Red Region**” (send for recharging.).

6.2.8 Check and Note the Gross weight of fire Extinguisher. (If find 10% less than the stamped weight send for recharging).

6.3 Record the detail of Fire Extinguisher in “**Annexure –I**”.



STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	EHS
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	5 of 11

- 6.4 To maintain the total no. of Fire Extinguisher Index in “Annexure –II”.
- 6.5 Record the Fire Extinguisher Daily Checking Details in “Annexure –III”.
- 6.6 Record the Fire Extinguisher Monthly Checking Details in “Annexure –IV”.
- 6.7 Record the Fire Sand Buckets Monthly Checking Details in “Annexure –V”.
- 7.0 **ANNEXURE:**

ANNEXURE No.	TITLE OF ANNEXURE	FORMAT No.
Annexure-I	Details of Fire Extinguishers	
Annexure-II	Total Number of Fire Extinguisher Index	
Annexure-IV	Daily Check Report Fire Extinguisher System	
Annexure-V	Fire Extinguisher Monthly Checking Report Card	
Annexure-VI	Fire Sand Buckets Monthly Checking Report Card	

8.0 **DISTRIBUTION:**

- Controlled Copy No. 01 EHS Department
- Master Copy Quality Assurance

9.0 **REFERENCES:**

Not Applicable

10.0 **REVISION HISTORY:**

CHANGE HISTORY LOG

Revision No.	Details of Changes	Reason for Change	Effective Date	Updated By
00	New SOP	Introduction of New SOP		



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ENVIRONMENT HEALTH SAFETY DEPARTMENT

STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	EHS
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	6 of 11

ANNEXURE – I



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ENVIRONMENT HEALTH SAFETY DEPARTMENT

DETAIL OF FIRE EXTINGUISHERS

REVISION No.: _____ **EFFECTIVE DATE:** _____

S.No.	Location	Description			Capacity	Pressure	Refilling Date	Due Date
		Cylinder No.	Type of Fire	Type of Extinguisher				

	Prepared By Operating Executive	Checked By Operating Manager	Approved By Manager QA
Sign			
Date			
Name			



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TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	EHS
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	7 of 11

ANNEXURE – II



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ENVIRONMENT HEALTH SAFETY DEPARTMENT

TOTAL NUMBER OF FIRE EXTINGUISHERS INDEX

S.No	Block Wise Type of Fire Extinguishers	Weight	DPI-1	DPI-2	Block- H	Block -G	Block -F	Block -U	Plant P.P Area	Stand By	Grand Total

	Prepared By Operating Executive	Checked By Operating Manager	Approved By Manager QA
Sign			
Date			
Name			



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STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	SH
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	8 of 11

ANNEXURE – III



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ENVIRONMENT HEALTH SAFETY DEPARTMENT

DAILY CHECK REPORT FIRE EXTINGUISHER SYSTEM

MONTH: _____ **YEAR:** _____

S. No.	Date →																																		
	ID No. of Fire Extinguisher	Check Point	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
		i																																	
		ii																																	
		iii																																	
		iv																																	
		v																																	
	Checked By →																																		

Note: If Observation Complies mark ✓ in specified column.
If Observation does not comply mark ✗ in specified column.

Daily Area Checking Point of Fire Extinguisher:

- i. Location in designated Places.
- ii. Safety seals and pressure indicator not broken or missing.
- iii. Are expiry date and weight mentioned on cylinders?
- iv. Status of hose.
- v. Check pressure on the gauge. Needle should remain in “Green region”, if it comes to “Red region”(send for recharging”)



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ENVIRONMENT HEALTH SAFETY DEPARTMENT

STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	SH
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	10 of 11

S.No.	Check Points	Jan.	Feb.	Mar	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
8	Check & Note the Gross weight of Extinguisher. (if find 10% less than the stamped weight send for recharging)												
9.	Status of Hose.												
10.	Condition of Tires wheels, hose and nozzle (For wheeled units)												
10.	Are expiry date, pressure and weight mentioned on cylinders?												
Remarks													
Signature of Inspecting officer.													
Signature of Officer In Charge													

Note: If Observation Complies mark ✓ in specified column.

If Observation does not comply mark ✗ in specified column.



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ENVIRONMENT HEALTH SAFETY DEPARTMENT

STANDARD OPERATING PROCEDURE

TITLE: Operation of Fire Extinguisher

SOP No.:		Department :	SH
		Effective Date :	
Revision No.:		Revision Date :	
Supersede Revision No.:		Page No.:	11 of 11

ANNEXURE – V



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ENVIRONMENT HEALTH SAFETY DEPARTMENT

FIRE SAND BUCKETS MONTHLY CHECKING REPORT CARD

ID No.:

Location:

Year:

Schedule: Second Week of Every Month

Frequency: Once in a Month

S.No.	Check Points	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
1.	No obstruction to access or visibility of the fire sand buckets												
2.	The conditions of the bucket for worn out handle / hang and rusted bottom												
3.	The sand in the bucket whether it is in loose condition.												
Remarks													
Signature of inspecting officer													
Signature of officer In charge													

Note: If Observation Complies mark ✓ in specified column.

If Observation does not comply mark ✗ in specified column.