

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

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