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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Kontrol Periyodu:** Ayda Bir Kez | | **Birim:** | **Kontrol Tarihi:** | | | **KONTROL LİSTESİ *\**** | | | **Evet** | **Hayır** | | 1 | Söndürücü işaretle gösterilen yerde mi? | |  |  | | 2 | Söndürücüye erişilebilir durumda mı? Dışa bakan yüzeyde kullanma talimatları yazılı mı? | |  |  | | 3 | Söndürücünün etrafı açık mı? | |  |  | | 4 | Çalışma talimatları okunabilir durumda mı? | |  |  | | 5 | Contalar ve mühür ile doluluk göstergelerinde bir kırılma veya kaybolma var mı? | |  |  | | 6 | Söndürücü tam dolu mu? (*Tartarak ya da elle kontrol edilebilir*) | |  |  | | 7 | Söndürücünün belirgin bir biçimde hasarı var mı? Korozyona uğramış mı ya da sızdırıyor mu? Meme tıkanıklığı var mı? | |  |  | | 8 | Basınç okuma düzeneği veya gösterge kullanılan aralıkta veya konumda mı? ***(\*\*Örnek Görsele Bakınız*)** | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **\*\*Örnek Görsel** | ***\**Kontrol Listesine Göre Eksiklik Çıkan Tüpleri Bu Listeye İşleyiniz. 40’tan Fazla Tüpünüz Var İse Bu Formu Çoğaltınız.** | | | | | | | | | yangın tüpü basınc göstergesi ile ilgili görsel sonucu  İbre yeşil bölgede olmalıdır. | TÜP NO | UYGUNSUZ/EKSİK MADDELER | TÜP NO | UYGUNSUZ/EKSİK MADDELER | TÜP NO | UYGUNSUZ/EKSİK MADDELER | TÜP NO | UYGUNSUZ/EKSİK MADDELER | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | Kontrol Eden: | | | | Onaylayan: | | | | |