

Inspection and Cleaning of Kitchen Exhaust Systems

Service Company	Date of Service		Time		
	Name of Technician Print:			Last Service Date	
	Fuel Type				
	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other				
Cooking Volume					
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low					
Name:	Hood Manufacturer:	Model #	Serial #		
Address: City:	Cooking Equipment				
Phone: Fax: Store #	<input type="checkbox"/> Griddles <input type="checkbox"/> Deep fat fryers <input type="checkbox"/> Woks				
Owner/Mgr:	<input type="checkbox"/> Stoves <input type="checkbox"/> Other <input type="checkbox"/> Other				

Cleaning shall be conducted in accordance with the manufacturers maintenance manual. As a minimum, such cleaning shall consist of the following:

Mark appropriate box: All "NO" answers shall be explained in Comments.

Semiannual inspection or as needed	Yes	No	NA
Filters are in place?			
Filters listed?			
Wash cycle working?			
Wash nozzles clear?			
Fire suppression nozzles clear?			
Fan tips and is accessible?			
Safe access to fan?			
Exhaust fan is operable?			
Adequate number of access panels?			
Entire system interior accessible for cleaning?			
Ecology Unit cleaned?			
Ecology Unit deficiencies?			
Entire system cleaned in accordance with applicable codes?			
Photos taken?			

Comments:

Recommended Cleaning Frequency _____ per year.

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes or the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.			
Technician Stamp	Date	Time	Owner or Authorized Agent