

Courtesy After Service Follow-Up Report

For AHJ's Use

(Your Company Name, Address and Phone Number in this space)

Date of Service: _____

File #: _____

Owner: _____

Owner's Address: _____ City: _____

Property Cleaned: _____ System Cleaned: _____

Property Address: _____

City/State: _____ Postal Code: _____ Phone: _____

Authorized By: _____ Job Contact: _____ Insurance Agent: _____

This form is a report on the access and cleanability of exhaust system. It is meant to assist in making the system more fire safe and improve our service. Due to inaccessibility of some areas, this report may not include all information on the system (see below). We have placed a Cleaning Certificate of Performance on or near the kitchen exhaust hood with the recommended date of the next service. If you have any questions contact our office.

Findings

Entire system interior accessible Y N # _____ Access Panels required (See Comments)
Entire system cleaned to applicable Codes Y N If N, see Comments.

Frequency of Cleaning Service Good Fair Poor Increase to every _____ months

Fan/Roof _____ Normal operation _____ Fan belt replaced/ needs replacing
_____ Requires Fan Hinge Kit _____ Recommend Grease Containment System
_____ Recommend service by others (See Comments)

Filter Condition Good Fair Poor _____ Need cleaning more often by kitchen staff

_____ **Water Wash Hood** appears to need service - recommend contacting Service Company (See Comments).

_____ **Fire Suppression System** appears to need service - recommend contacting Service Company (See Comments).

Comments: _____

NFPA #96 references: _____

Date of next scheduled service: _____ Additional information attached _____

All cleaning is in accordance with the Local Fire Codes and/or NFPA Standard #96 Section 11.4 of the 2001 Ed. (or 8-3 1998 Ed.). A Letter of Cleaning Service is available upon request. This Courtesy Follow-Up Report is provided as a free customer service only; it is not a paid consultation. **The inspection of the exhaust system is limited to the possible need for improved access and cleaning only.** Other deficiencies whether reported or not are beyond the scope of our cleaning crew's knowledge. It is the owner of the exhaust system's responsibility to take appropriate action to modify any deficiencies, noted herein or elsewhere.

Technician Signature: _____ Technician Certification #: _____

Restaurant Representative: _____ Date: _____