

# Kitchen Exhaust Systems Inspection Sheet

Date of Inspection: \_\_\_\_\_

Property Inspected: \_\_\_\_\_ System Inspected: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Owner: \_\_\_\_\_

## Appliances

Main Fuel Type: Natural Gas Electric Solid Fuel Cooking Volume: Very High High Medium Low

Main Cooking Style of this system: Oriental Deep Fat Frying Griddle Char Broiling Other: \_\_\_\_\_

Does exhaust hood capture all heat and cooking effluent? Yes No

## Exhaust System

Hood Type: Filter Modular Extractor Water wash Other: \_\_\_\_\_

Duct Type: \_\_\_\_\_ Number of floors of system: \_\_\_\_\_ Feet of Horizontal Duct: \_\_\_\_\_

Fan Type: Upblast In-line Utility Other: \_\_\_\_\_ Fan Termination: Wall Roof

Entire system interior accessible? Yes No N/A System is non-compliant (see comments)? Yes No

Filters conforming and in place? Yes No N/A Water wash hood operational? Yes No N/A

Hood Damper operates properly? Yes No N/A Dangerous non-conforming access? Yes No N/A

Clearance to combustibles acceptable? Yes No N/A Safe access to fan? Yes No N/A

Fan tippable or interior accessible? Yes No N/A Recommended Cleaning Frequency: \_\_\_\_\_ times per year.

Name of Cleaning Company: \_\_\_\_\_

Next Cleaning Date: \_\_\_\_\_ Entire system clean to applicable codes? Yes No N/A

## Portable Extinguishers

Portable Type: \_\_\_\_\_ Current inspection tag (within last 12 months)? Yes No

Gauge in proper range (green)? Yes No Visually in good shape and properly installed? Yes No

## Fixed Pipe Suppression System

Manufacturer and Type: \_\_\_\_\_ Visually inspected (see comments below)? Yes No

Fire suppression nozzles clear/capped? Yes No Minimum one nozzle for each appliance? Yes No

Current Fire Suppression tag? Yes No Gauge or indicator in proper range (green)? Yes No

Tamper seal in place? Yes No Manual Pull accessible? Yes No

Name of Fire Suppression Service Company: \_\_\_\_\_

## Summary

Inaccessible areas exist in this system? Yes No **Areas not inspected are listed in Comments**

Photos or additional information attached? Yes No Re-inspection date: \_\_\_\_\_

Comments: \_\_\_\_\_

Inspectors Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Signature: \_\_\_\_\_

Job Contact Signature: \_\_\_\_\_ Position: \_\_\_\_\_