

Boston Fire Department Cleaning and Inspection of Commercial Hood and Ventilation System & Deficiency Report

August 2010

Company Name				
Business Name:	Address City State, Zip Code 24 Hour Emergency Service Phone Number		Tech Name:	
Address:			Signature:	
City & State:			Date:	
Business Phone:			BFD Reg. #:	Exp Date:
Section A	Responses		Comments	
1. Are the filters Clean?	Yes No N/A			
2. Are the precipitators/pollution control	Yes No N/A			
devices clean?				
3. Is the grease load < 2000 microns:				
a). horizontal	☐ Yes ☐ No			
b). vertical	Yes No			
c). hood	$\bigcup_{\mathrm{Yes}}^{\mathrm{Tes}}\bigcup_{\mathrm{No}}^{\mathrm{No}}$			
4. Is the grease load in the fan < 3175	☐Yes ☐ No			
microns?				
5. Last service cleaning date?	/	Co. Name:		☐ Not Available
6a. Is the on-site exhaust system diagram	Yes No			
posted and accurate?				
6b. Did you clean or inspect entire system as	Yes No			
specified in on-site exhaust system diagram?				
If no specify on page 2.				
7. Has the Certificate of Performance been	Yes No			
dated and placed in the immediate vicinity of				
the hood? 8a. Are all filters in place and intact?	Yes No			
8b. If wash system is main water valve in	Yes No Yes No N/A			
open position?	I les I No I N/A			
9. Do fan(s) operate?	☐Yes ☐ No			
10. Have exhaust fan louvers been cleaned	Yes No N/A			
and checked?	LI TES LINO LINA			
11. Were exhaust fan(s) cleaned?	☐Yes ☐ No			
12. Have exhaust fan belts and pulleys been	Yes No			
inspected and in good working order?				
13. Were grease cup(s) cleaned?	☐Yes ☐ No			
14. The system appears to be liquid tight?	Yes No			
15. Has horizontal duct(s) been cleaned or	Yes No			
inspected?				
16. Has the vertical duct(s) been cleaned or	Yes No N/A			
inspected?				
17 Are sufficient access panels provided?	Yes No N/A			
18 Does access panel(s) have proper signage?	Yes No			
19 Are all areas of exhaust system	Yes No			
accessible?				
20. Is hood and exhaust system free of	Yes No			
obstructions?				
21. Cleaning complied with NFPA 96.	Yes No			
22. Type of cooking system (check all that	Solid Fuel Wok			
apply)	Charbroil Other (places specify):			
	Other (please specify):			
Owner Rep Name:	Date:	Owner Rep Signatur	e:	
		rep orginatur		

Any \underline{NO} answer requires the deficiency report on page 2 to be completed and submitted as instructed on the bottom of page 2. N/A - Not applicable

A record of this service is to be maintained on premise and made available for inspection by a member of the Boston Fire Department, and Health or Building Inspectors from the City of Boston's Inspectional Services Department. It is the owner/tenant's responsibility to maintain your equipment in good working order. It is the responsibility of the cleaning company technician to report all deficiencies immediately to the proper authority having jurisdiction.

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Additional Comments:

Section / Item #	Description of Deficiencies		

Please Note

If deficiencies are found please send a completed copy of this report to the Boston Fire Department within 5 business days:

Boston Fire Department
Fire Prevention Division – Special Occupancy Unit
1010 Massachusetts Ave – 4th Floor
Boston, MA 02118

or
Fax to:
617-343-3696