



**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-3772 Fax: 617-343-2197**

Place of Assembly Requirement Check List

3 Copies of Stamped and Signed Architect Plans to Scale including the following:

- _____ 1 A set of plans for each different use with set up & room names.
- _____ 2 Show business Name & Address on plans (if on corner show both streets)
- _____ 3 Include the occupant load factors, the use group & the building code edition used
- _____ 4 Show all aisle widths to exits at the most narrow point.
- _____ 5 Show all door widths and direction of swing.
- _____ 6 Show all Emergency Lighting/Exit Signs (symbols explanation in legend).
- _____ 7 Place all table, chairs, booths, etc. on plans (number of people seating)
- _____ 8 Show area where people are standing and explain how the number was determined
- _____ 9 If 100 or more people confirm exits have panic hardware.
- _____ 10 If no renovations were done, supply a letter stating such.

Where applicable one or more of the following may also be required:

- _____ 1. Current Alarm Report or Record of Completion if new.
- _____ 2. Current Sprinkler Report or NFPA Reports if new.
- _____ 3. Name of monitor company – letter if different from alarm company.
- _____ 4. Copy of kitchen hood (Ansul) system tag.
- _____ 5. Contract with kitchen hood cleaning company.
- _____ 6. Report of last hood cleaning.
- _____ 7. Evacuation plans in narrative form.
- _____ 8. Confirm fire extinguisher provided with up to date tag
- _____ 9. Flame certifications for interior finish, furnishings, draperies and decorations.
- _____ 10. Fire Escape report (due every 5 years)
- _____ 11. Fire Pump yearly test report

This information is required for new owners. a new business or a name change.

Other reports may be required if it is a newly constructed building see our Certificate of Occupancy Guidelines

“ABC Restaurant”
123 Street
Boston, Ma. 01234
617-000-0000

EVACUATION PLAN IN THE EVENT OF AN EMERGENCY

Upon activation of an alarm or report of fire the Manager on duty shall call 911 and follow the instructions of the 911 operator.

The Manager shall go to the front EXIT and direct customers out the door. The Manager shall stay at this location until the arrival of the Fire Department and provide them with updated information.

The Dining Area Manager shall commence the orderly evacuation of all patrons to the nearest safe EXIT.

Dining Area Manager shall also assure that all patrons have evacuated the restrooms.

The Kitchen staff shall evacuate the kitchen by the nearest safe EXIT. The CHEF shall be responsible for shutting down all the cooking equipment if it is safe to do so and to activate the “ANSUL” hood suppression system if necessary.

All personnel shall be evacuated to the exterior of the building. The designated meeting place for the restaurant staff shall be _____. The Assistant Manager and the Dining Area Manager shall also assist any patrons who are unable to self evacuate.

If a staff member has not been formally trained in the use of portable fire extinguishers, the staff member should not attempt to use the extinguisher. They should leave the building with the patrons.

Once the building is evacuated no one should re-enter the building until the Fire Department gives the OK.

Upon arrival of the Boston Fire Department, the Incident Commander - Fire Chief assumes complete control of the building and occupants.

Contact persons: _____ cell # _____
_____ cell # _____

**“ABC Restaurant”
123 Street Street
Boston, Ma. 01234**

EMPLOYEE TRAINING

Initial

Upon being hired, all employees shall be provided with basic fire prevention and safety in the work place training. The training shall consist of reviewing the function of the facilities egress, fire alarm and sprinkler system if there is one present and the procedures to follow in case of fire or other emergency. This training shall also include the duties of the entire safety team as specified above. All employees shall be instructed as to the contents of the fire safety evacuation plan.

***The importance of clear exit routes and unlocked, unobstructed exit doors shall be stressed.**

***In order to avoid conditions that may lead to overcrowding, mechanical counters are an absolute requirement in night clubs, bars and restaurants that function as a nightclub when food is no longer served.**

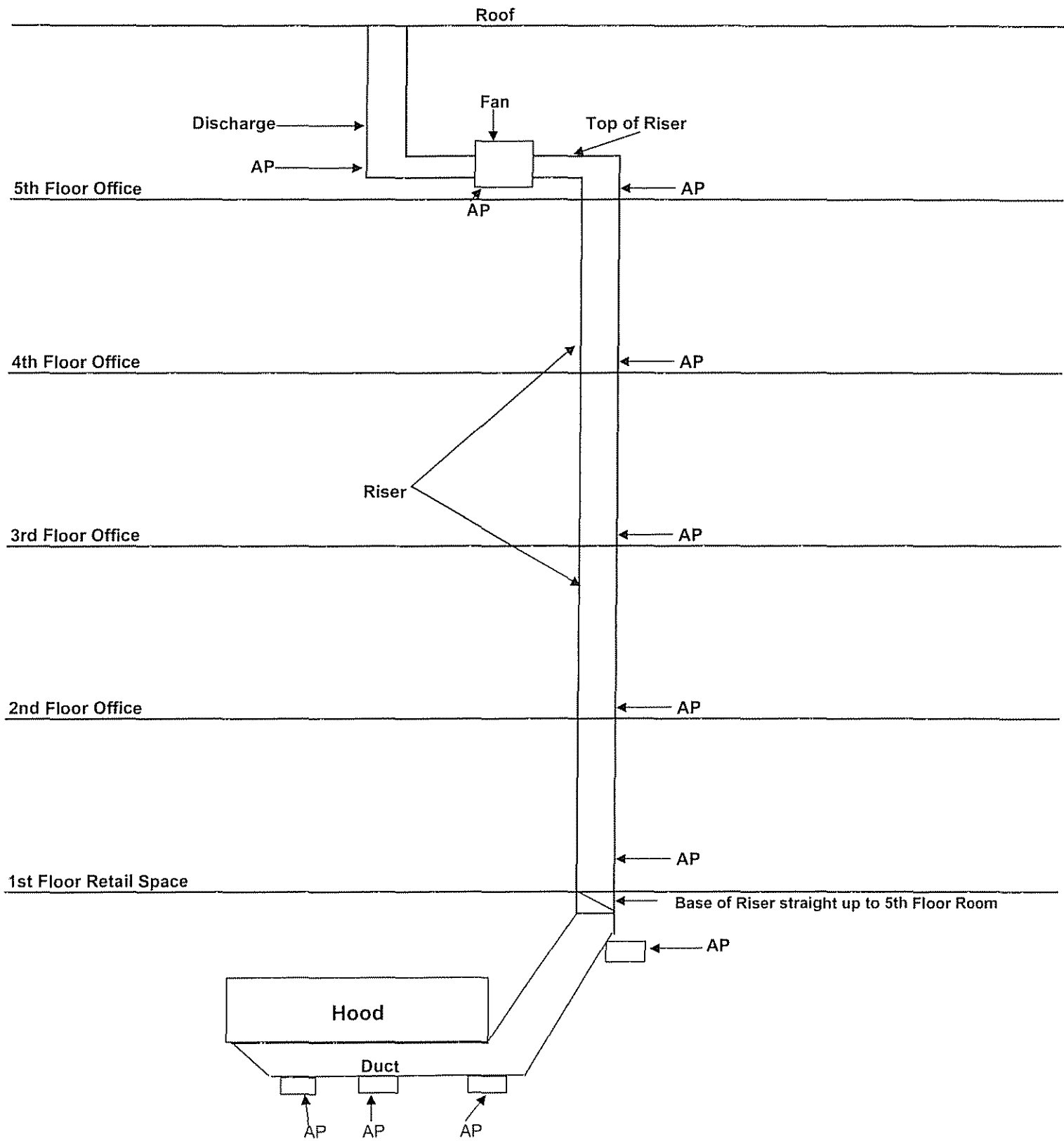
Fire Drills

Fire drills shall be carried out on a monthly basis. All staff members shall participate. Those employees responsible for performing duties during a fire emergency shall review their responsibilities. These drills shall be designed to reinforce and familiarize personnel with the functions they must perform. Drills shall consist of a minimum of:

1. Reading the duty function of each job.
2. Reinforcement of the importance of these functions during an emergency
3. Walking through the facilities egress routes for familiarization and to check for obstructions.
4. Reviewing evacuation procedures for patrons who are not able to self evacuate.

Be advised that all commercial hood and ventilation cleaning companies/contractors performing work in the city of Boston are required by law to issue deficiency reports to the establishment owner when they do not comply with NFPA 96 mandated repairs and also if there is no onsite exhaust system diagram. All deficiency reports must be given to the establishment and a copy forwarded to the Boston Fire Department - Fire Prevention Division by following the instructions listed on our website. Commercial hood and ventilation cleaning companies/contractors must also report to the Boston Fire Department – Fire Prevention Division when an establishment in Boston does not renew their contract or if your company did not clean the hoods and ventilation systems by the scheduled date required in NFPA 96

SAMPLE ON-SITE EXHAUST SYSTEM DIAGRAM





Boston Fire Department Commercial Cooking Hood and Ventilation System Sticker Instructions

After the cleaning or inspection of any commercial cooking hood and ventilation system in the City of Boston a sticker like the sample below must be placed conspicuously, readily accessible and visible, as well as legible, in the immediate vicinity of the hood. The inspection sticker is provided by the contractor and shall meet the minimum qualifications listed below.

Sticker requirements/instructions:

- 1 Sticker size shall be 5.5 inches by 4.25 inches
- 2 The stickers are to be color coded as per the cleaning schedule prescribed by NFPA 96 as referenced by 527 CMR
 - Monthly cleaning stickers are to be white
 - Quarterly cleaning stickers are to be yellow
 - Semi-annual cleaning stickers are to be blue
 - Annual cleaning stickers are to be green
- 3 Must contain all of the items in the sample below and be pre-printed with your company name, complete address and 24 hour emergency service contact phone number
- 4 Upon placement of the sticker the employee is required to legibly print their BFD Registration Number and their name in the space provided
- 5 If no deficiencies are found the "NO" Box must have an "X" placed through it
- 6 If deficiencies are found the "YES" Box must have an "X" placed through it and the box "For additional information..." must be marked with an "X" as well
- 7 The owner of the business shall be given a Boston Fire Department Commercial Cooking Hood and Ventilation System & Deficiency Report. The report shall be maintained on site available for review by a member of the Boston Fire Department, Health Inspector or a Building Inspector from the City of Boston's Inspectional Services Department
- 8 When a deficiency, failure to clean and/or inspect is reported on the **CERTIFICATION OF PERFORMANCE**, the registered cleaner shall also forward a completed copy of the **Boston Fire Department Commercial Cooking Hood and Ventilation System & Deficiency Report** to the address listed on the form within five days with the following information:
 - the physical address at which inspection and/or cleaning were unable to occur
 - the name of the owner of said premises
 - the date on which the certified person attempted to inspect and/or clean the premise
 - the specific reason(s) why the service could not be performed pursuant to NFPA 96 standards as referenced by 527 CMR 11.00

DO NOT REMOVE

CERTIFICATION OF PERFORMANCE

AREAS OF THIS EXHAUST SYSTEM HAVE BEEN INSPECTED CLEANED
IN ACCORDANCE WITH NFPA 96 STANDARDS

YOUR COMPANY NAME
COMPLETE ADDRESS
24 HOUR EMERGENCY PHONE #

DEFICIENCIES

YES	NO
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FOR ADDITIONAL INFORMATION REFER TO
APPLICABLE SYSTEM SERVICE REPORT

DAY/MONTH/YEAR/COMPLETED

JAN			FEB			MAR			APR			MAY			JUN									
JUL			AUG			SEP			OCT			NOV			DEC									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16									
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
2009					2010					2011					2012					2013				

EXPIRATION MONTH

JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	DEC

AREAS NOT CLEANED:

BFD REGISTRATION # _____ **NAME:** _____



Boston Fire Department

Cleaning and Inspection of Commercial Hood and Ventilation System & Deficiency Report

August 2010

Business Name: _____
 Address: _____
 City & State: _____
 Business Phone: _____

Company Name
 Address
 City State, Zip Code
 24 Hour Emergency Service Phone Number

Tech Name: _____
 Signature: _____
 Date: _____
 BFD Reg #: _____ Exp Date: _____

Section A	Responses	Comments
1. Are the filters Clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Are the precipitators/pollution control devices clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is the grease load < 2000 microns: a) horizontal b) vertical c) hood	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the grease load in the fan < 3175 microns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Last service cleaning date?	_ / _ / _	Co. Name: _____ <input type="checkbox"/> Not Available
6a. Is the on-site exhaust system diagram posted and accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. Did you clean or inspect entire system as specified in on-site exhaust system diagram? If no specify on page 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has the Certificate of Performance been dated and placed in the immediate vicinity of the hood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Are all filters in place and intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b. If wash system is main water valve in open position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Do fan(s) operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have exhaust fan louvers been cleaned and checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Were exhaust fan(s) cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have exhaust fan belts and pulleys been inspected and in good working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Were grease cup(s) cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. The system appears to be liquid tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Has horizontal duct(s) been cleaned or inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Has the vertical duct(s) been cleaned or inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. Are sufficient access panels provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18. Does access panel(s) have proper signage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Are all areas of exhaust system accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Is hood and exhaust system free of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Cleaning complied with NFPA 96.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Type of cooking system (check all that apply)	<input type="checkbox"/> Solid Fuel <input type="checkbox"/> Wok <input type="checkbox"/> Charbroil <input type="checkbox"/> Other (please specify): _____	
Owner Rep Name: _____	Date: _____	Owner Rep Signature: _____

Any **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.

