



Boston Fire Department

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

March 2009

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. What is grease load in exhaust system? | <input type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Heavy | |
| 4. Describe the grease load under the protective hood(s)? | <input type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Heavy | |
| 5. Last service cleaning date? | ____/____/____ | Co. Name: _____ <input type="checkbox"/> Not Available |
| 6a. Is the on-site exhaust system description accurate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6b. Did you clean or inspect entire system as specified in on-site exhaust system description? 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.

