



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.

