



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:** _____