

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		<u>Comments</u>		
2. Are the precipitators/pollution control devices clean?	$\begin{array}{c c c c c c c c c c c c c c c c c c c $				
3. Is the grease load < 2000 microns:					
a). horizontal	Yes No				
b). vertical	\square Yes \square No				
c). hood	$\square_{\text{Yes}}^{\text{res}} \square_{\text{No}}^{\text{res}}$				
4. Is the grease load in the fan < 3175 microns?	Yes No				
5. Last service cleaning date?	/ /	Co. Name:		Not Available	
6a. Is the on-site exhaust system diagram posted and accurate?	Yes No				
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 N/A				
open position?					
9. Do fan(s) operate?	Yes No				
10. Have exhaust fan louvers been cleaned	Yes No N/A				
and checked?					
11. Were exhaust fan(s) cleaned?	Yes No				
12. Have exhaust fan belts and pulleys been inspected and in good working order?	Yes No				
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 inspected?	Yes No				
16. Has the vertical duct(s) been cleaned or inspected?	Yes No N/A				
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 (please specify):				
Owner Rep Name:	Date:	Owner Rep Signatur	re:		

Any <u>NO</u> 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.

Business Name:	Company Name	Tech Name:
Address:	Address	Signature:
City & State:	City State, Zip Code 24 Hour Emergency Service Phone Number	Date:
Business Phone:		BFD Reg #:Exp Date:

Additional Comments:

	Section / Item #	Description of Deficiencies
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Please Note

If deficiencies are found please scan and email a completed copy of this report to the Boston Fire Department within 5 business days to <u>exhaust.bfd-hood@boston.gov</u>.