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 1.00 c 50
   - 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 1.00 c 50

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 ☐

FOR ADDITIONAL INFORMATION REFER TO APPLICABLE SYSTEM SERVICE REPORT

DAY/MONTH/YEAR/COMPLETED

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUL</td>
<td>AUG</td>
<td>SEP</td>
<td>OCT</td>
<td>NOV</td>
<td>DEC</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>32</td>
<td>33</td>
<td>34</td>
<td>35</td>
<td>36</td>
</tr>
</tbody>
</table>

EXPIRATION MONTH

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUL</td>
<td>AUG</td>
<td>SEP</td>
<td>OCT</td>
<td>NOV</td>
<td>DEC</td>
</tr>
</tbody>
</table>

AREAS NOT CLEANED:

BFD REGISTRATION # __________________________ NAME: __________________________