



# CITY OF PLYMOUTH

## KITCHEN EXHAUST SYSTEMS CERTIFICATE OF INSPECTION AND CLEANING

Date of Inspection/Cleaning: \_\_\_\_\_

Facility Inspected/Cleaned: \_\_\_\_\_ System Inspected: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Owner: \_\_\_\_\_

Name of Cleaning Company: \_\_\_\_\_ Next Cleaning Date \_\_\_\_\_

### Appliances

Main Fuel Type:      Natural Gas      Electric      Solid Fuel

Cooking Volume:      Very High      High      Medium      Low

Cooking System Types:    Oriental      Deep Fat Frying      Griddle      Char Broiling      Other: \_\_\_\_\_

Does exhaust hood capture all heat and cooking effluent?    Yes    No

### Exhaust System

Hood Type:    Filter    Modular Extractor    Water wash    Other: \_\_\_\_\_

Duct Type:    Single    Common    Number of floors of system: \_\_\_\_\_    Feet of Horizontal Duct: \_\_\_\_\_

Fan Type:    Upblast    In-line    Utility    Other: \_\_\_\_\_    Fan Termination:    Wall    Roof

Electrical Wiring Protected?      Yes No N/A    Entire system clean to applicable codes?    Yes No N/A

Entire system interior Accessible?    Yes No N/A    System is non-compliant (see comments)    Yes No

Filters conforming and in place?    Yes No N/A    Water wash hood operational?      Yes No N/A

Hood Damper operates properly?    Yes No N/A    Dangerous non-conforming access?    Yes No N/A

Clearance to combustibles acceptable?    Yes No N/A    Safe access to fan?      Yes No N/A

Fan tippable or interior accessible?    Yes No N/A    Recommended Cleaning Frequency: \_\_\_\_\_ times per year.

COMMENTS: \_\_\_\_\_

I hereby certify that the entire kitchen exhaust system(s) has been cleaned to bare metal and that the inspection and cleaning of the system complies with NFPA 96 Standards.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)