



UTAH STATE FIRE MARSHAL

Completion & Deficiency Report

For

Commercial Kitchen Exhaust System Service



Business Name: _____

Address: _____

City & State: _____

Business Phone: _____

Company Name
Address
City, State, Zip Code
24 Hour Emergency Service Phone Number

Date: _____

Signature: _____

Tech Name: _____

C&R Reg. #: _____ Exp Date: _____

Description	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	
3. Is the grease load < 2000 microns: a.) horizontal b.) vertical c.) hood	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the grease load in the fan < 3175 microns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Last service cleaning date?	____/____/____	Co. Name: _____ <input type="checkbox"/> Not Available
6a. Is the on-site exhaust system diagram available and accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. Did you inspect or clean the entire system as specified in on-site exhaust system diagram? If no specify on page 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has the Service Label been signed and dated and placed in a conspicuous location on the hood.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Are all filters tightly together and in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b. If wash system is main water valve open?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Do fans operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have the 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 the 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	
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

A record of this service is to be maintained on premise for no less than five (5) years and made available for inspection by a member of the local fire department, health department or other AHJ inspectors. It is the owner/tenant's responsibility to maintain all fire protection 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.

