



Kitchen Exhaust Systems Report Sheet

Date of service: _____

Property inspected: _____ System cleaned: _____
(one form for each system)

Address: _____

City/State: _____ Zip: _____ Phone: _____

Authorized by: _____ Email: _____

System Inspection: Explain any deficiencies in comments

N/A = not applicable N/I = not inspected

	Yes	No	N/A	N/I
1. Fan tipable or interior accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Non-conforming access panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Entire System accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Entire system cleaned to applicable codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This inspection sheet is notification of the present conditions of the listed exhaust system. It does not include any inspection of fixed pipe or other fire suppression systems. This is not a complete list of all 2014 NFPA 96 standards or local fire regulations. Complete references should be consulted if further details are required. This form is for a visual inspection only, no mechanical readings or evaluations were taken unless otherwise stated. A copy of this report must be forwarded to Portland Fire & Rescue if code violations are found.

Comments:

Recommended cleaning frequency: _____ times per year

Name of cleaning company: _____

Company address: _____

Phone: _____ Email: _____

Certified Technician Name: _____ Certificate # _____

PRINT

Signature: _____