



TOWN OF COLONIE

Fire Services

347 Old Niskayuna Road
Latham, New York 12110



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Town Supervisor

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Kitchen Exhaust System Inspection & Cleaning Report

A separate form must be completed for each exhaust hood and duct system

Business: _____

Date: _____

Address: _____

Service Company: _____

Phone: _____

Address: _____

Performed by: _____

<u>Type of Duct</u>	<u>Fan Termination</u>	<u>Type or Volume of Cooking</u>			<u>Inspection frequency</u>	
Vertical	Roof	Solid fuel cooking	Low-volume		Monthly	Annual
Horizontal	Wall	High-volume, 24 hr, Charbroiling, wok			Quarterly	
Combination		Moderate-volume			Semiannual	

	Yes	No	N/A
Are all areas of duct accessible	___	___	___

Access panels needed	___	___	___	Quantity needed _____
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Number of existing access panels _____

Evidence of leakage from the duct	___	___	___
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Are fans hinged	___	___	___	Hinges needed Yes or No
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Fan wiring will allow fan to tip	___	___	___
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Fan operational prior to inspection/cleaning	___	___	___
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Fan operational after inspection/cleaning	___	___	___
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Does system have rooftop grease containment system	___	___	___
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Hood filters in place	___	___	___
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Light globes in place	___	___	___
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Photos taken prior to and after inspection/cleaning	___	___	___	Photos available for review Yes or No
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	Light	Medium	Heavy	Cleaned Yes or No
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Grease build-up on roof	___	___	___	___
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Grease build-up on fan	___	___	___	___
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Grease build-up in ducts	___	___	___	___
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Grease build-up in hood	___	___	___	___
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Grease build-up on filters	___	___	___	Replaced Yes or No
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All items marked with No require explanation: _____

I _____ certify that the inspection and cleaning of the kitchen exhaust system was performed in accordance to NFPA 96 and all other industry standards.