

BOROUGH OF BELMAR
Bureau of Fire Protection & Prevention

Office of Fire Marshal

Ryan Dullea, Fire Marshal

601 Main Street, Belmar New Jersey 07719
Ph. 732.681.3700 x 239 / Fx. 732.681.3434
E-mail: firemarshal@boro.Belmar.nj.us

Hood Cleaning Report

Business Information:

Business Name:
Address :
Phone Number :
Business Representative Signature :

Contractor Information:

Company Name:
Address:
Phone Number:
Hood Cleaning Technician :
Hood Cleaning Technician Signature :

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Section A	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 <input type="checkbox"/> N/A	
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	
5. Last service cleaning date?	/ /	Co. Name: _____ <input type="checkbox"/> Not Available
6a. Is the on-site exhaust system diagram posted and accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. Did you clean or inspect 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 Certificate of Performance been dated and placed in the immediate vicinity of the hood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Are all filters in place and intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b. If wash system is main water valve in open position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Do fan(s) operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have 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 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 (please specify): _____	
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.
 N/A – Not applicable

[illegible]