

UTAH STATE FIRE MARSHAL Completion & Deficiency Report



Commercial Kitchen Exhaust System Service

Business Name:			Compai	ny Name		Date:	
Address	Address					Cimatuus	
Address:		City, State, Zip Code				Signature:	
City & State:	24	Hour Emer	lour Emergency Service Phor			Tech Name:	
Business Phone:						C&R Reg. #:	Exp Date:
Description		Responses				Commen	ts
1. Are the filters Clean?		☐ Yes	□ No	□ N/A			
2. Are the precipitators/pollution control devices clean?		☐ Yes	□ No	□ N/A			
3. Is the grease load < 2000 microns:		☐ Yes	□ No				
a.) horizontal		□ Yes					
b.) vertical		□ res					
c.) hood		☐ Yes	□ No				
4. Is the grease load in the fan < 3175 microns?		☐ Yes	\square No	□ N/A			
5a. Last service cleaning date?			/	/	Co. Name:		☐ Not Available
5b. Check last Completion & Deficiency Report		Has deficiency been cleared?			Has AHJ been n		
6a. Is the on-site exhaust system diagram available and accurate?		☐ Yes	□ No				
6b. Did you inspect or clean the entire system as specified in on-site exhaust system diagram? If no specify on page 2		☐ Yes	□ No				
7. Has the Service Label been signed and da	ited and	☐ Yes	□Мо				
placed in a conspicuous location on the hood.		□ 1 c 3					
8a. Are all filters tightly together and in place?		☐ Yes	\square No				
8b. if wash system is main water valve open?		☐ Yes	□ No	□ N/A			
9. Do fans operate?		☐ Yes	□ No				
10. Have the exhaust fan louvers been cleaned and checked?		☐ Yes	□No	□ N/A			
11. Were exhaust fan(s) cleaned?		☐ Yes	□ No				
12. Have the exhaust fan belts and pulleys been inspected and in good working order?		☐ Yes	□ No				
13. Were grease cup(s) cleaned?		☐ Yes	□ No				
14. The system appears to be liquid tight?		☐ Yes	□No				
15. Has horizontal duct(s) been cleaned or inspected?		☐ Yes	□No	□ N/A			
16. Has the vertical duct(s) been cleaned or inspected?		☐ Yes	□ No	□ N/A			
17. Are sufficient access panels provided?		☐ Yes	□ No	□ N/A			
18. Does access panel(s) have proper signage?		☐ Yes	□ No	□ N/A			
19. Are all areas of exhaust system accessible?		☐ Yes	□ No				
20. Is hood and exhaust system free of obstructions?		☐ Yes	□ No				
21. Cleaning complied with NFPA 96.		☐ Yes	□ No				
22. Type of cooking system (check all that a	check all that apply) □ Solid Fuel □ Wok		ok 🗆 Cha	arbroil 🗆 Othe	<u> </u>		
Owner Rep Name:		Date:			Owner Rep Sigr	nature:	
epe.					1 3 11 11 21 31 B1		

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.

Completion and Deficiency Report

Business Name:		Date:
	Company Name	
Address:	Address	Signature:
City & State:	City, State, Zip Code	Tech Name:
,	24 Hour Emergency Service Phone Number	
Business Phone:		C&R Reg. #: Exp Date:

Additional Comments:

Location / Section Item Number		Description of Deficiencies					
Check past deficiency report	☐ Clear	☐ Not clear.	Comments:				

Please Note

If deficiencies are found please send a completed copy of this report to the <u>local</u> fire marshal, fire department, or the authority having jurisdiction within five (5) business days.

Office of the State Fire Marshal 5272 South College Drive Murray, Utah 84123 (801) 284-6350