Commercial Services Grease
Exhaust System Inspection Form

Date: _____ Print Name of Inspector: _____
Name of Company Doing the Inspection: _____

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

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1) Date of last cleaning on the hood sticker: _____
2) Number of hoods at this location: _____
3) Is the hood being cleaned properly? YES NO
4) Is the ductwork being cleaned properly? YES NO
5) Number of fans: _____
6) Are fans hinged? YES NO
7) Are the fans being cleaned properly? YES NO
8) Is there grease on the roof? YES NO
9) Is there a roof protection unit around the fan? YES NO
10) Any 45 or 90 degree turns? YES NO How Many? _____
11) Are the grease exhaust systems at this location being cleaned properly?
    YES NO
12) Were photos taken? YES NO

Important notes for store management that need attention:

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