

# KITCHEN EXHAUST SYSTEM CLEANING

Date: \_\_\_\_\_ Company Performing Cleaning: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of cleaning: \_\_\_\_\_

Components	Cleaned	↓ Needs repairs ↓	↓
Filters: _____	<input type="checkbox"/>		<input type="checkbox"/>
Grease Hood: _____	<input type="checkbox"/>		<input type="checkbox"/>
Exhaust Fan: _____	<input type="checkbox"/>		<input type="checkbox"/>
Motor: _____	<input type="checkbox"/>		<input type="checkbox"/>
Light Fixtures: _____	<input type="checkbox"/>		<input type="checkbox"/>
Ducts: _____	<input type="checkbox"/>		<input type="checkbox"/>
Grease containment system: _____	<input type="checkbox"/>		<input type="checkbox"/>
Drains: _____	<input type="checkbox"/>		<input type="checkbox"/>
Diffuser: _____	<input type="checkbox"/>		<input type="checkbox"/>
Make-up air fans: _____	<input type="checkbox"/>		<input type="checkbox"/>
Exhaust air scrubbers _____	<input type="checkbox"/>		<input type="checkbox"/>
Fire Suppression system: _____	<input type="checkbox"/>		<input type="checkbox"/>

Soiled Condition: Light  Moderate  Heavy

Condition After Cleaning \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Method of cleaning: \_\_\_\_\_

System cleaned Atmosphere to Atmosphere: Yes  No

Scrubbers in place and functioning properly: Yes  No

Adequate access to all components of exhaust system: Yes  No

Filters replaced: Yes  No

Signature of cleaning Technician: \_\_\_\_\_