

**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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