

YOUR LOGO

Company name

Address · Phone · License #

Kitchen Exhaust Cleaning Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

CLEANING FREQUENCY

☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

COOKING TYPE (CHECK ALL THAT APPLY)

☐ Solid fuel ☐ Wok ☐ Charbroil ☐ Fryers ☐ Other

SYSTEM COMPONENTS

#	ITEM	CLEANED	NOT CLEANED	N/A	FINDING / NOTES
01	Hood interior	☐	☐	☐	
02	Grease filters	☐	☐	☐	
03	Plenum	☐	☐	☐	
04	Horizontal duct	☐	☐	☐	
05	Vertical duct	☐	☐	☐	
06	Exhaust fan	☐	☐	☐	
07	Grease cups / containment	☐	☐	☐	

AREAS NOT CLEANED AND WHY

GREASE DEPTH BEFORE, HOOD/DUCT

GREASE DEPTH BEFORE, FAN

in.

in.

SYSTEM CHECKS

#	ITEM	PASS	ACTION NEEDED	NOT CHECKED	FINDING / NOTES
01	Exhaust fan operates	☐	☐	☐	
02	Belts and pulleys	☐	☐	☐	
03	Fan hinge kit	☐	☐	☐	

#	ITEM	PASS	ACTION NEEDED	NOT CHECKED	FINDING / NOTES
04	Filters in place	☐	☐	☐	
05	Access panel signage	☐	☐	☐	
06	System diagram posted	☐	☐	☐	

ACCESS PANELS ADEQUATE

☐ Yes ☐ No — panels needed

DEFICIENCIES FOUND

☐ Certificate / service sticker placed at the hood

NEXT CLEANING DUE

TECHNICIAN CERTIFICATION #

DECAL / STICKER #

TECHNICIANS ON THE JOB AND CERTIFICATE #S

PHOTOS

Attach photos or list photo numbers: _____

NOTES & RECOMMENDATIONS

CERTIFICATE OF PERFORMANCE

The kitchen exhaust system at this address was cleaned and inspected on the date of this report by the company and technician named here. Areas that were not cleaned are listed above.

TECHNICIAN SIGNATURE

Name: _____ Date: _____

CUSTOMER SIGNATURE

Name: _____ Date: _____