

Courtesy After-Service Follow-Up Report

For AHJ's Use

Date of Service: _____

File #: _____

Owner: _____

Owner's Address: _____ City: _____

Property Cleaned: _____ System Cleaned: _____

Property Address: _____

City/State: _____ Postal Code: _____ Phone: _____

Authorized By: _____ Job Contact: _____ Insurance Agent: _____

This form is intended to notify you of the maintenance condition of your kitchen exhaust system after it has been cleaned and to provide suggestions to improve our service. Due to inaccessibility of some areas, this report may not include information on the entire system (see below). If you have any questions contact our office.

Findings

Entire system interior accessible Yes No Type II Exhaust System (see Comments) Yes No
Entire system cleaned to applicable Codes Yes No Non-Compliant Components (see Comments) Yes No

Frequency of Cleaning Good Fair Poor Increase to every _____ months

Filter Condition Good Fair Poor Need cleaning more often Mesh Filters (need replacement)
Need soak tank treatment next service # _____ filters need replacement

Water Wash Hood appears to be in working order Yes No
Recommend contacting water wash service company: _____ Phone #: _____

Fire Suppression tags are current Yes No
Recommend contacting suppression service company: _____ Phone #: _____

Inaccessible areas ___ None (all areas accessible) ___ Ductwork leaking (recommend repair)
___ Require access panels. # _____ Access Panels required

Fan/Roof ___ Unsafe work area ___ General maintenance required
___ Requires Fan Hinge Kit ___ Recommend Grease Containment System
___ Serious Fire Safety Issues exist (see Comments or Additional Paperwork)
___ Recommend additional wiring to enable removal of fan

Comments: _____

Date of next scheduled service: _____ Additional information attached

We have placed a Certificate of Performance on or near the kitchen exhaust hood with the recommended date of the next service. A Letter of Service is available upon request. All cleaning and inspections have been done in accordance with local Fire Codes, NFPA #96 (Cleaning Section Only) and Phil Ackland Certification Limitations. No tests have been performed unless otherwise stated. This Follow-Up Report is not a paid consultation. It is provided as a customer service at no additional charge and may not include any or all deficiencies.

Technician Signature: _____ Phil Ackland Certification #: _____

Restaurant Representative: _____ Date: _____