



Tacoma Fire Department
 Confidence Test Officer 253.591.5740
 3471 S. 35th St. Tacoma, WA 98409
 fdcto@cityoftacoma.org

COMMERCIAL KITCHEN RANGEHOOD CLEANING (One System per Report)		CTF 8016	System Certification Given				
Operational Status		<input type="checkbox"/>	RED <input type="checkbox"/>	<input type="checkbox"/>	YELLOW <input type="checkbox"/>	<input type="checkbox"/>	GREEN <input type="checkbox"/>
Frequency (per NFPA 96)	Monthly: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>	Semi-Annual: <input type="checkbox"/>	Annual: <input type="checkbox"/>			
Date of Inspection:			Next Inspection due:				
<i>Occupancy Information</i>							
Occupancy Name:			Occupancy Address:				
Building Owner:	Phone Number:	Owner Address:					
Contact Person:			Phone Number:				
<i>System Information (where applicable)</i>							
Size:	TYPE I: <input type="checkbox"/>		TYPE II: <input type="checkbox"/>				
Hood Location:							
<i>Testing Agency Information</i>							
City of Tacoma Fire Protection License:			UBI:				
Testing Agency Name:			Address:				
Phone:			E-mail:				
Problems Found: (Explain any "no" responses and use the back page if necessary)							
Corrections Made:							
Date Corrected:		Corrected by:		(Sign)			
This report certifies this fire and life safety system has been properly inspected for reliability to cover the items listed in the report and is consistent with NFPA 96 Standard. All discrepancies are noted and have been reported to the building owner or responsible person for corrective action.							
TECH NAME: (Print)		(Sign)		Date:			
Building Representative: (Print)		(Sign)		Date:			

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the NFPA Standard 17, 17.A & 96 and the manufacturer’s maintenance specifications for inspecting and testing requirements.

SYSTEM FINDINGS				YES	NO
Entire system interior accessible (per NFPA 96)?				<input type="checkbox"/>	<input type="checkbox"/>
If no, locations that are inaccessible					
Entire system cleaned to applicable Codes (per NFPA 96)?				<input type="checkbox"/>	<input type="checkbox"/>
All components are compliant?				<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Cleaning?	Good: <input type="checkbox"/>	Fair: <input type="checkbox"/>	Poor: <input type="checkbox"/>		
Filter Condition	Good: <input type="checkbox"/>	Fair: <input type="checkbox"/>	Poor: <input type="checkbox"/>		
Water Wash Hood appears to be in working order?				<input type="checkbox"/>	<input type="checkbox"/>
Water Wash Service Company?		Phone Number:			
All filters present?				<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression Tags are current?				<input type="checkbox"/>	<input type="checkbox"/>
Suppression Company:		Phone Number:			
General Maintenance Completed:				<input type="checkbox"/>	<input type="checkbox"/>
All Duct Work sealed and not leaking:				<input type="checkbox"/>	<input type="checkbox"/>
Required Hinge Kit Present:				<input type="checkbox"/>	<input type="checkbox"/>
Required access panels #: (how many)				<input type="checkbox"/>	<input type="checkbox"/>
Grease Containment System:				<input type="checkbox"/>	<input type="checkbox"/>
Wiring enables removal of the fan:				<input type="checkbox"/>	<input type="checkbox"/>
Found no serious fire safety issues				<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

