

# Kitchen Exhaust Systems Report Sheet



**Portland Fire & Rescue**  
**Fire Marshal's Office**  
 1300 SE Gideon St.  
 Portland, OR 97202-2419  
 Ph: 503-823-3712  
 Fax: 503-823-3925



Date of service: \_\_\_\_\_

Property inspected: \_\_\_\_\_ System cleaned: \_\_\_\_\_  
 (one form for each system)

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Job contact: \_\_\_\_\_

**System Inspection:** Explain any deficiencies in comments

**N/A = not applicable N/I = not inspected**

	Yes	No	N/A	N/I
1. Fan tipable or interior accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Non-conforming access panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Entire System accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Entire system cleaned to applicable codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This inspection sheet is notification of the present conditions of the listed exhaust system. It does not include any inspection of fixed pipe or other fire suppression systems. This is not a complete list of all 2014 NFPA 96 standards or local fire regulations. Complete references should be consulted if further details are required. This form is for a visual inspection only, no mechanical readings or evaluations were taken unless otherwise stated. A copy of this report must be forwarded to Portland Fire & Rescue if code violations are found.

**Comments:**

Recommended cleaning frequency: \_\_\_\_\_ times per year  
 Name of cleaning company: \_\_\_\_\_  
 Company address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Certified Technician Name: \_\_\_\_\_ Certificate # \_\_\_\_\_

PRINT

Signature: \_\_\_\_\_