



## COMMERCIAL KITCHEN HOOD PERFORMANCE VERIFICATION

Jurisdiction: \_\_\_\_\_ Date \_\_\_\_\_

Mechanical Permit Number: \_\_\_\_\_

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

Type of Hood:      \_\_\_\_\_ Type I Hood      \_\_\_\_\_ Type II Hood

**Classification of Cooking Appliances:**

\_\_\_\_\_ Extra Heavy Duty      \_\_\_\_\_ Heavy Duty

\_\_\_\_\_ Medium Duty      \_\_\_\_\_ Light Duty

**CFM of exhaust fan intake 10 min test:** Start of test: \_\_\_\_\_ End of test: \_\_\_\_\_

**Dimension of duct opening into hood:** \_\_\_\_\_

**Duct Velocity:** \_\_\_\_\_ FPM

**Length of Hood:** \_\_\_\_\_

**Amount of total makeup air provided for all hoods:** \_\_\_\_\_ CFM

\_\_\_\_\_  
Printed name of person performing test      Signature

\_\_\_\_\_  
Contractor Name      CCB#

This form satisfies the requirements of Oregon State Mechanical Specialty Code provision 507.6. All information given on this sheet shall be provided by the installing contractor or air balancing agency if applicable. Information given shall be obtained by the field testing and site verification of installation information.

This form shall be completed and submitted to the inspector prior to final inspection approval.