

FRANKLIN TWP. DEPT. OF FIRE PREVENTION
 475 DEMOTT LANE
 SOMERSET, NJ 08873
 (732) 873-2500, EXT. 303



KITCHEN VENTILATION SYSTEM CLEANING SCHEDULE

PREMISES _____
 ADDRESS _____

 PHONE # _____
 AGENT _____

DATE _____

LHU # _____

LOCAL # _____

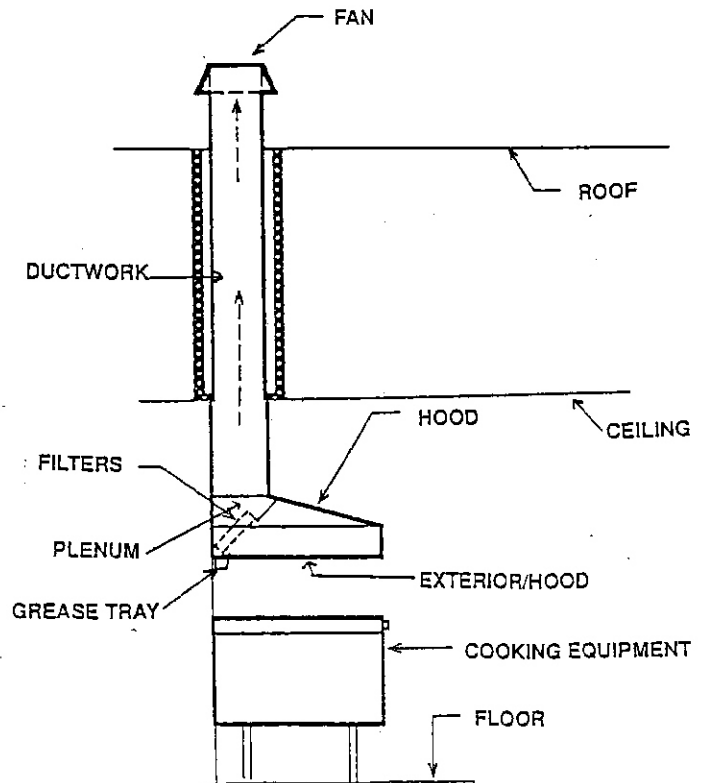
CLEANING COMPANY _____ PHONE # _____

Per N.J.A.C. 5:70-3.1(a)3, F-309.2.1 of the New Jersey Uniform Fire Code, you are required to submit an approved cleaning schedule for your kitchen ventilation system. Please submit the following information accurately and promptly when requested.

FREQUENCY OF CLEANING

Grease Trays	<input type="text"/>
Filters	<input type="text"/>
Exterior/Hood	<input type="text"/>
Plenum	<input type="text"/>
Suppression Nozzles/Caps	<input type="text"/>
Ductwork	<input type="text"/>
Fan on Roof	<input type="text"/>

COMMERCIAL KITCHEN EXHAUST



*KITCHEN SUPPRESSION SYSTEMS MUST BE INSPECTED BY QUALIFIED PERSONNEL 2 TIMES PER YEAR AS REQUIRED BY N.J.A.C. 5:70-3.1(a)5, F-511.1 and F-512.1.

 SIGNATURE (OWNER/REPRESENTATIVE) DATE

 APPROVED BY FIRE OFFICIAL/INSPECTOR CERT.# DATE