



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 507.16.
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.

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