

City of Ashland Building Safety Division

51 Winburn Way • Ashland, OR 97520 Phone (541) 488-5305 • Fax (541) 488-6066

Email: <u>Building@ashland.or.us</u>

Commercial Kitchen Hood Verification Form

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

One form shall be filled out for each Hood.

PROJECT INFORMATION	
Permit #:	
Contractor Name:	CCB #:
Project Address:	
City / State / ZIP:	
HOOD PERFORMANCE TEST INFORMATION	
Check all that apply ☐ Type I Hood ☐ Type II Hood ☐ Canopy Hood ☐ Non-Canopy Hood	
UL 710 Hood UL 710B Hood Prescriptive Hood	
Hood make and model:	
Minimum hood exhaust = x Length of hood CFMs (Based on temperature or service duty)	
Exhaust fan intake flow (CFM) during 10 minute test or equivalent:	
Start of Test: End of Test:	
Dimension of Duct Opening into Hood:	ocity of Exhaust in Duct:
Did the Hood pass capture & containment? Yes ☐ No ☐ Amo	ount of Makeup Air Provided:
TEST PERFORMED BY:	
Printed Name:	
Signature:	Date:
Approved signature of jurisdiction for electrical interlock & fire suppression X	Date:

This form satisfies the requirements of Section 507.6 of the Oregon Mechanical Specialty Code to verify the rate of exhaust airflow required by Section 507, makeup airflow required by Section 508, and proper operation. The permit holder shall furnish the necessary test equipment and devices required to perform the tests. The information above is to be provided by the installing contractor or the air-balancing agency and shall be obtained by the field testing and site verification of the installation information.