

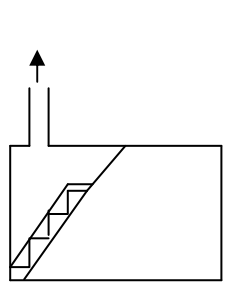
Chester County Health Department  
Bureau of Environmental Health Protection

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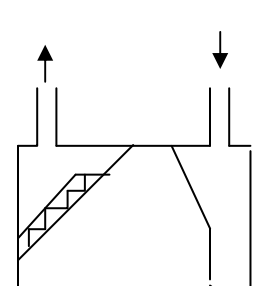
## COOKING EXHAUST VENTILATION INFORMATION FORM

**Establishment:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Municipality:** \_\_\_\_\_

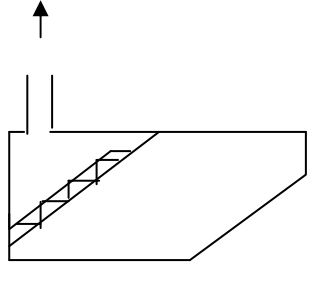
1. Size of hood opening L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_
2. Hood open on 2, 3, or 4 sides \_\_\_\_\_ Front only \_\_\_\_\_
3. Height of front edge off the floor \_\_\_\_\_
4. Gauge of Stainless Steel Hood: \_\_\_\_\_
5. Grease drip tray type: \_\_\_\_\_
6. Ducts: Gauge \_\_\_\_\_ Number \_\_\_\_\_  
 Size \_\_\_\_\_ Duct Velocity \_\_\_\_\_ fpm
7. Filters: Number \_\_\_\_\_ Type \_\_\_\_\_  
 (e.g. baffle, filter, grease extractor)
8. Volume of air to be exhausted: \_\_\_\_\_ cfm
9. Number of Vapor-proof lights: \_\_\_\_\_
10. Fire Suppression System Type: \_\_\_\_\_
11. Fan(s): Number \_\_\_\_\_ Exhausting \_\_\_\_\_ cfm @ \_\_\_\_\_ " static pressure  
 Number \_\_\_\_\_ Supplying \_\_\_\_\_ cfm @ \_\_\_\_\_ " static pressure
12. Duct to Hood Collar Connection Type: \_\_\_\_\_
13. Hood Type: \_\_\_\_\_



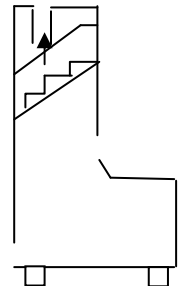
Standard Exhaust



Integral Supply



Low Profile



Back Shelf (Updraft)

*CHECK APPROPRIATE BLOCK*

14. Attach written verification that the ventilation system meets NFPA Standard 96 from either:

- a.  registered architect
- b.  registered engineer
- c.  manufacturer of ventilation system

Signature of Establishment Operator: \_\_\_\_\_

Print Name of Establishment Operator: \_\_\_\_\_

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