



Public Health Environmental Health Services

COMMERCIAL HOOD AND MECHANICAL EXHAUST DATA SHEET

TO BE COMPLETED BY APPLICANT - PLEASE PRINT - HEALTH PERMITS ARE <u>NOT</u> TRANSFERABLE			
Facility Name:		Phone:	
Facility Address:	City:	State:	Zip:
Legal Owner:		Phone:	
Contractor/Agent:			
EQUIPMENT TO BE PLACED UNDER EXHAUST HOOD			
Type of Equipment		Manufacturer	
EXHAUST HOOD SPECIFICATIONS			
Exhaust Hood:		Hood Dimensions:	
<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	Length _____ ft.	Width _____ ft.
<input type="checkbox"/> Canopy	<input type="checkbox"/> Eyebrow	<input type="checkbox"/> Compensating	<input type="checkbox"/> Non-Canopy (Backshelf)
<input type="checkbox"/> Other _____			
<input type="checkbox"/> UL Listed (Manufacturer & Model #)			
<input type="checkbox"/> Custom-Unlisted (Fabricator/Installer)		Phone:	
Exhaust CFMs:	Calculation Formula Used:		
UL listed hoods refer to manufacture specification sheet. Custom hoods use Uniform Mechanical Code formula.			
Number of Exhaust Ducts:	Duct Size(s):		
	Length _____ in. Width _____ in. Duct Area: _____ ft ²		
Exhaust Velocity: FPM	(Exhaust CFM / Duct Area) Duct velocity must be 500 – 2500 FPM.		
Number of Filters:	Type of Filter:	Filter Size:	
		Length _____ in. Width _____ in.	
Filter Rating:	Formulas: Duct Area: ft ² = length x width / 144 in ² /ft Exhaust Velocity: FPM = Exhaust CFM / Duct Area		
Notes: Exhaust hood shall overhang cooking equipment by at least 6 inches. Distance from top of cooking surface to lowest portion of hood shall not exceed 4 feet. Maximum of 1 duct for every 12 feet of hood length. Short-circuiting hoods are not recommended; If used they must be tested to meet UL 710 standards. Side panels are recommended for custom hoods.			

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MAKEUP AIR SUPPLY	
Make-up Air Supply CFMs:	UL listed hoods refer to manufacture specification. Custom hoods must equal Exhaust CFMs.
Number of Registers:	2 or more are strongly recommended for all hoods and spaced so not to short-circuit exhaust.
Notes: Makeup air and hood exhaust must be electrically interconnected on one switch. Makeup air must be provided mechanically.	

I understand that any construction, alteration or repair, including, but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires EHS review and approval.

Initial_____

Signature:		Date:	
Print Name:		Title:	
<i>For Office Use Only</i>		<i>For Office Use Only</i>	
<i>For Office Use Only</i>		<i>For Office Use Only</i>	
DEHS Reviewer:		SR:	Date: