



MECHANICAL EXHAUST VENTILATION SYSTEM PLAN CHECK DATA FORM

Name of Facility	Address (job site)		Date
Contractor/Representative	Mailing Address	Phone	Fax
Email Address	Plan Checker	Contact Information	

DRAWINGS (Please provide in triplicate):

- 1. An elevation drawing of the complete hood and duct system
- 2. A floor plan showing the hood, makeup air registers and kitchen equipment

HOOD

System number _____ of _____ system(s) proposed (Please submit a separate data sheet for each ventilation system)
 Equipment proposed to be installed beneath the ventilation hood:

Type and design of hood (please check applicable categories):

Type I _____ Type II _____ Canopy _____ Noncanopy _____

Dimensions: Length _____ Width _____ feet

Maximum distance from the lip of hood to the cooking surface: _____ feet

Minimum overhand of inner lip of hood beyond the cooking surface: _____ inches

Formula utilized in determining airflow requirements: $Q =$ _____

Show calculations using this formula:

Required volume of air to be exhausted through the hood system: _____ CFM

* Number of vapor proof light fixtures to be installed within hood: _____

* Number of readily accessible grease collecting receptacles: _____

DUCTING

Number of ducts: _____ Dimensions: _____ Proposed air velocity: _____ FPM

***GREASE FILTER OR EXTRACTORS**

Type: _____ Number: _____ Rating: _____ CFM

Dimensions: _____ inches by _____ inches

Minimum distance between the lowest edge of the grease filter and the surface of the cooking equipment is: _____ inches

MAKEUP AIR

Required volume of air to be returned to the room, connected with the hood exhaust system by an interlocking electrical switch: _____ CFM

Number and location of makeup air registers (i.e. ceiling, wall and/or via compensating hood):
 _____ registers located in _____

*not applicable to Type II hood systems