



Commercial Kitchen Hood Performance Verification Test

Office Use Only

Mechanical Permit #

JOB SITE INFORMATION AND LOCATION

Project name:

Site address:

PROFESSIONAL INFORMATION

Person performing test: (Print Name)

Date:

Signature:

Contractor name:

CCB#:

TYPE OF WORK

Type I Hood _____ Type II Hood _____ Canopy Hood _____ Non-Canopy Hood _____

CFM of Exhaust fan intake 10 minute test:

Start of test time: _____

End of test time: _____

Dimension of duct opening into hood:

Velocity of exhaust in duct: _____ CFM

Horizontal Surface are of hood: _____ SQ. FT.

Amount of makeup air provided: _____

This form satisfies the requirements of Oregon Mechanical Specialty Code Section 507.16.

All information given on this sheet shall be provided by the installing contractor or air balancing agency if applicable.

THIS FORM SHALL BE COMPLETED AND SUBMITTED TO THE INSPECTOR PRIOR TO FINAL INSPECTION

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
BUILDING CODES DIVISION

Revised 4-5-2018