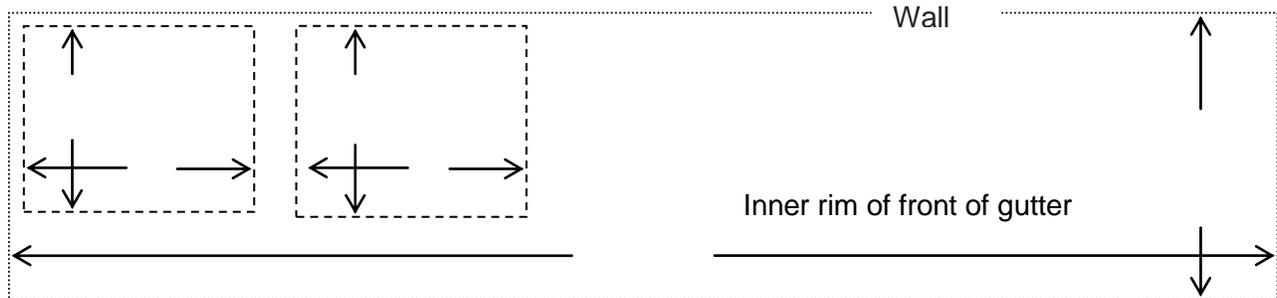




**HOOD WORKSHEET**

|                       |               |                 |  |
|-----------------------|---------------|-----------------|--|
| <b>FACILITY NAME:</b> |               | <b>ADDRESS:</b> |  |
| <b>PREPARED BY:</b>   |               | <b>COMPANY</b>  |  |
| <b>CONTACT #:</b>     | <b>EMAIL:</b> | <b>DATE</b>     |  |

**A: COOKING EQUIPMENT & HOOD:** *Fill in cooking equipment & hood dimensions in feet in overhead view.*



|  |                              |                             |
|--|------------------------------|-----------------------------|
| Casters & quick disconnects <b>strongly</b> recommended! Specified?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hood long enough to allow ≥ 6 inches on sides of equipment?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hood wide enough to allow ≥ 6 inches in front & back of equipment?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Canopy lip ≥ 6.5 feet above floor & ≤ 4 feet above cooking surface?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Canopy free of exposed horizontal electrical & Ansul lines?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hood material: (e.g., stainless steel, galvanized iron or other _____) |                              |                             |

**B: HOOD TYPE AND EXHAUST RATE IN CFM**

|  |  |   |   |       |        |
|--|--|---|---|-------|--------|
| What kind of hood?   | <input type="checkbox"/> Type I                  | <input type="checkbox"/> Type II        | <input type="checkbox"/> NSF or UL Listed | Make: | Model: |
| Backshelf or Proximity Canopy (island, double island, wall, or corner) | Ex. frying, pizza oven, griddling, charbroiling, | Ex. dishwashing, some baking & steaming |   |       |        |

Hood opening: \_\_\_\_\_ (ft.) x \_\_\_\_\_ (ft.) = \_\_\_\_\_ A (sq. ft.) x \_\_\_\_\_ Q\*factor per UMC = \_\_\_\_\_ **CFM (min req'd)**  
(Length) (Width)

Other formula (Listed hood): \_\_\_\_\_ = \_\_\_\_\_ **CFM (designed)**

\* Note: **Unlisted** Type 1 canopy hoods must follow UMC formulas for calculating minimum airflow (Q) based on cooking equipment categories (i.e. low ex. Q= 75A or 50A; medium ex. 100A; high ex. 150A; and solid fuel 200A or 300A)

**C: FILTERS**

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Filter Velocity Rating: \_\_\_\_\_

**Required Filter Area = Q (CFM) ÷ Filter Velocity (FPM) = FA sq. ft.**

Size H \_\_\_\_\_ inch x W \_\_\_\_\_ inch (# of Filters) \_\_\_\_\_ x Useable filter area \_\_\_\_\_ sq. ft. = **Total filter area** \_\_\_\_\_ sq. ft.

Required or Designed Exhaust Rate \_\_\_\_\_ CFM ÷ \_\_\_\_\_ sq. ft. (total filter area) = \_\_\_\_\_ **FPM**

|  |                              |                             |                             |
|--|------------------------------|-----------------------------|-----------------------------|
| Baffle filter ideal fpm = 300; should be 250-350.            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             |
| Horizontal slot filter ideal fpm = 1000; should be 800-1200. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| FPM can be < or > above if this is a "LISTED" hood.          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             |
| Total of filter widths _____ must be < hood length.          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             |

**D: DUCT**

Duct dimensions: \_\_\_\_\_ inch x \_\_\_\_\_ inch = \_\_\_\_\_ inch ÷ 144 = \_\_\_\_\_ sq. ft.

|   |                              |                             |                             |
|---|------------------------------|-----------------------------|-----------------------------|
| Hood >12 ft. long shows >1 exhaust outlet to main duct? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
|---|------------------------------|-----------------------------|-----------------------------|

Duct Velocity = \_\_\_\_\_ CFM ÷ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ FPM

|                             |                              |                             |                             |
|-----------------------------|------------------------------|-----------------------------|-----------------------------|
| FPM must be 1500- 2500 FPM. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
|-----------------------------|------------------------------|-----------------------------|-----------------------------|

**E: STATIC PRESSURE & EXHAUST FAN**

|                       |                         |                              |                             |                             |
|-----------------------|-------------------------|------------------------------|-----------------------------|-----------------------------|
| No. of elbows:        | Cleanout at each elbow? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Static Pressure (SP): |                         |                              |                             |                             |

|                            |        |    |
|----------------------------|--------|----|
| Exhaust Fan: Manufacturer: | Model: | HP |
|----------------------------|--------|----|

|   |                              |                             |                         |                              |                             |
|---|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| UL 762 Restaurant Application specified for Type I? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Easily pulls CFM at SP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|

**F: FILTERED MAKE-UP AIR**

Hood Exhaust Total: \_\_\_\_\_ CFM ÷ 2000 CFM (max. per diffuser recommended) = \_\_\_\_\_ Total # of diffuser

Next higher whole number = \_\_\_\_\_ **Diffusers recommended**

|                 |       |        |       |
|-----------------|-------|--------|-------|
| Make-up air fan | Make: | Model: | H.P.: |
|-----------------|-------|--------|-------|

|   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| Static Pressure (SP):   | Supplies 95-100% of exhaust CFM at SP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Make-up air on roof ≥ 10 ft. from exhaust?                                      |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Make up air diffusers ≥ from 10 ft. hood canopy?                                |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exhaust & make-up air interlocked?  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HVAC integrated with Kitchen ventilation  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is OA from kitchen RTU provided   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kitchen slightly under negative pressure ( <i>relative to the dining room</i> ) |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Note:** The replacement air required for commercial kitchen ventilation systems is always 100% of the exhaust air (*what goes out must come in*). Air Balance Test must be submitted to our office before final approval.

*BELOW IS FOR OFFICIAL USE ONLY:*

Department Comments  Approved  Denied  Other Condition(s) \_\_\_\_\_

REHS signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions or concerns, please contact the appropriate Environmental Health office @ 530-745-2300; fax 530-745-2370 in Auburn or 530-581-6240 fax 530-581-6242 in Tahoe.*