HOOD WORKSHEET

FACILITY NAME:		ADDRESS:	
PREPARED BY:		COMPANY	
CONTACT #:	EMAIL:		DATE

A: COOKING EQUIPMENT & HOOD: *Fill in cooking equipment & hood dimensions in feet in overhead view.*
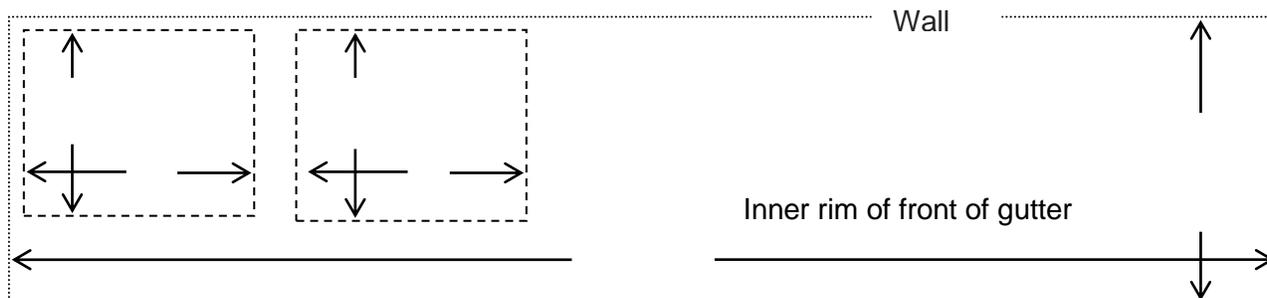
Casters & quick disconnects **strongly** recommended! Specified?	❑Yes	❑No
Hood long enough to allow ≥ 6 inches on sides of equipment?	❑Yes	❑No
Hood wide enough to allow ≥ 6 inches in front & back of equipment?	❑Yes	❑No
Canopy lip ≥ 6.5 feet above floor & ≤ 4 feet above cooking surface?	❑Yes	❑No
Canopy free of exposed horizontal electrical & Ansul lines?	❑Yes	❑No
Hood material: (e.g., stainless steel, galvanized iron or other _____)		

B: HOOD TYPE AND EXHAUST RATE IN CFM

What kind of hood?	❑Type I	❑Type II	❑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**

Updated 6/11/19, Web Page 3357

Community Development and Resource Agency Building, 3091 County Center Drive, Suite 180, Auburn, CA 95603 ✆ 530.745-2300
● www.placer.ca.gov ● fax 530.745-2370
Tahoe Administration Building, 775 North Lake Blvd, Suite 203, P.O. Box 1909, Tahoe City, CA 96145-1909 530.581.6240 fax 530.581.6242

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

D: DUCT

Duct dimensions: _____inch x _____inch = _____inch ÷ 144 = _____**sq. ft.**

Hood >12 ft. long shows >1 exhaust outlet to main duct?	❏Yes	❏No	❏NA

Duct Velocity = _____CFM ÷ _____sq. ft. = _____**FPM**

FPM must be 1500- 2500 FPM.	❏Yes	❏No	❏NA

E: STATIC PRESSURE & EXHAUST FAN

No. of elbows:	Cleanout at each elbow?	❏Yes	❏No	❏NA
Static Pressure (SP):				

Exhaust Fan: Manufacturer:	Model:	HP

UL 762 Restaurant Application specified for Type I?	❏Yes	❏No	Easily pulls CFM at SP?	❏Yes	❏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:	CFM:

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