



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT

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TYPE-I HOOD PERFORMANCE SELF CERTIFICATION

On _____ (Date), a performance test was done on the cooking Hoods(s) at _____ (Address), Permit # _____ to verify hood exhaust performance in compliance with North Carolina Mechanical Code Section 507.17.

The following conditions existed during the test:

- All building exhaust equipment (including restroom exhaust) was energized and operational;
- The cooking equipment located under the hood was up to operational heat levels with food being cooked (designed cooking operations) to provide sufficient grease and smoke to reflect normal operating conditions;
- All climate-conditioning equipment in the affected area was energized and operational.

The following results were observed:

- The cooking hood(s) captured all grease and smoke exhaust resulting from cooking during the test;
- The hood(s) captured all T-Puffer (or equal) smoke generated to test for spillage in the kitchen area;
- The hood(s) exhaust readings during the test were: _____ CFM (actual), _____ CFM (design, approved plans);
- The make-up air readings during the test were: _____ CFM (actual, may come from multiple sources), _____ CFM (design, approved plans);
- All equipment supplying make-up air for the hood(s) has/have been electrically interlocked;
- Exhaust flues from all gas-fired natural draft equipment are exhausting properly.

I hereby certify that, to the best of my knowledge, the above information is correct and complete (all boxes checked). I also understand that falsification of this information may result in revocation of my privilege to self-certify. This information has been made a part of the job's permit record on file with the Town of Montreat.

(Certifying Party's Legal Signature)

Date

STATE OF _____

COUNTY OF _____

I, _____ a Notary Public of the County and State aforesaid, certify that _____ personally appeared before me this day and, being duly sworn, deposes and says that the above statement is true and correct.

Witness my hand and official stamp or seal, this ____ day of _____, 20 ____.

[Notarial seal]

Notary Public

Typed or printed name of Notary

My Commission expires: _____