

Test of Commercial Cooking Fire System

PLEASE HAVE INSPECTOR SIGN AT TIME OF TEST

Date of Test: 6/20/20
Type of Test:
Air Discharge Other
Name of Restaurant or Facility: Address:
Authority Requiring Test: Contact: Phone #:
Signature or Authority Present for Test Passed: Yes No
If No, Why?
Additional Test Required: Yes No Image: Comparison of the Compa

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