



COMMERCIAL COOKING QUESTIONNAIRE

Name of organization: _____

Complete this questionnaire for each location with commercial cooking equipment.

Copy this sheet if additional space is required.

Location address: _____

1. Gross annual sales: _____

2. If food is not sold, how many meals are served annually? _____

3. Please indicate all cooking equipment applicable at your premises:

Grill Deep Fryer Broiler Other commercial appliance(s): _____

4. Is automatic fire extinguishing system provided for:

	Fire Extinguishing System	Professionally Installed	How Often Cleaned	Cleaning on a Contract Basis	Servicing on a Contract Basis
Hood	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Duct	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
All Cooking Surfaces	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

5. What is the name of the fire extinguishing system? _____

6. Is extinguishing system U.L. listed? YES NO

7. Indicate all other fire protection applicable:

Fire extinguishers: How many? _____

Dry sprinkler

Wet sprinklers

Other: _____

8. Ducts are located:

On an interior wall

On an exterior wall

Completed by: _____ Date completed: _____