

**Kitchen Hood and Grease Exhaust Vent System Water Leak Testing Report**

(Only one final sheet needs to be filled out and faxed within 3 days of testing completion)

Date \_\_\_\_\_ Enviromatic Work order # \_\_\_\_\_ Store name \_\_\_\_\_

Additional test dates- \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Location Address \_\_\_\_\_ State \_\_\_\_\_

1) Amount of leak testing done(Circle one)- **Complete** or **Partial** system tested.

(Partial testing to be done if connecting to existing landlord ducting only For in progress testing, use only one final sheet)

a) If partial system- please describe what section was done. - \_\_\_\_\_

(please note if testing was done in sections at end of report)

2) Initial test results(Circle one)- Leaks found in system **yes** or **no**

a) If Yes, please, list how many leaks were found and location of leaks.

1)Number found \_\_\_\_\_ 2) Location of leaks- \_\_\_\_\_

b) If Yes, How many times was retesting of system required- \_\_\_\_\_

c) If Yes, How much extra time required for the retesting- \_\_\_\_ . \_\_\_\_ Hours

d) Were you required to come back additional days? **Yes** or **No** (list all dates above)

3) Please show diagram of the grease exhaust system showing access locations and locations of leaks found. You may use and attach separate sheet if needed.

4) Tested and verified that the tested section of the grease exhaust vent system

(Circle one) **does** / **does not** leak after final high pressure water testing on this date.

Testing company approval (Name) \_\_\_\_\_ Signature \_\_\_\_\_

Site Superintendent approval (Name) \_\_\_\_\_ Signature \_\_\_\_\_

Please e-mail complete digital pictures of entire system to [info@enviromatic.com](mailto:info@enviromatic.com)

**MUST FAX COMPLETED FORM TO 877-325-8476 or 612-861-5578.**

\*\*\*\*Please list any other issues with system below or on separate sheet that you feel needs to be brought up to the Construction and/or Facilities departments.