

Grease Duct System Certificate of Installation

To be Completed by Regional Office

Job Name _____	Job Number _____
Job Address _____ _____ _____	Other _____

To be Completed by Contractor

Contractor Name _____	Contractor Licence _____
Address _____ _____ _____	
Use of specified sealant: Was sealant placed between every flange? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was sealant placed inside of every vclamp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This Grease Duct System is installed in accordance with the Manufacturer's instructions and drawings, and all applicable state and local codes. Exceptions to the above are noted below. (Use back of sheet if necessary)	

Contractor's Printed Name _____	
Signature _____	Date _____

To be Completed by Owner or Owner's Representative

I have received a copy of the Grease Duct Installation Manual and I understand it. I also understand that it is the recommendation of the manufacturer that the system be inspected every six months to maintain its reliability.	
Signature _____	Date _____