



**COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
BUREAU OF DISTRICT SURVEILLANCE & ENFORCEMENT
PLAN CHECK PROGRAM**



APPLICATION FOR MECHANICAL EXHAUST VENTILATION EXEMPTION

SECTION I. TYPE OF APPLICATION

<input type="checkbox"/> INITIAL EQUIPMENT REVIEW (if marked, proceed to Section II: Equipment Information)	<input type="checkbox"/> INITIAL SITE SPECIFIC REVIEW	<input type="checkbox"/> RE-EVALUATION AFTER INITIAL REQUEST DENIED	<input type="checkbox"/> RE-EVALUATION AFTER EXPIRATION	<input type="checkbox"/> RE-EVALUATION OF EXEMPTED EQUIPMENT FOR A NEW PUBLIC HEALTH PERMIT HOLDER
FOOD FACILITY NAME:		ADDRESS:		CITY & ZIP CODE
FOOD FACILITY PERMIT HOLDER:		PUBLIC HEALTH PERMIT NUMBER:	TELEPHONE NUMBER:	
<input type="checkbox"/> NOT APPLICABLE				
USE OF BUILDING:				
<input type="checkbox"/> RESTAURANT		<input type="checkbox"/> FOOD MARKET RETAIL	<input type="checkbox"/> BAKERY	<input type="checkbox"/> OTHER (Specify)

SECTION II. EQUIPMENT INFORMATION

NAME OF EQUIPMENT MANUFACTURER:			TELEPHONE NUMBER:		WEBSITE ADDRESS:	
ADDRESS: NUMBER		STREET	UNIT / SUITE	CITY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE:			TELEPHONE NUMBER:		EMAIL:	
EQUIPMENT TYPE: (ROTISSERIE, OVEN, ETC.)			MODEL:		SPECIFICATION SHEETS INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROPOSED NUMBER OF EXEMPTED EQUIPMENT TO BE INSTALLED PER FOOD FACILITY:						
EQUIPMENT CERTIFIED TO MEET NSF/ANSI STANDARDS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW						
EQUIPMENT CERTIFIED BY:						
<input type="checkbox"/> NSF INT'L		<input type="checkbox"/> ETL/I	<input type="checkbox"/> UL SANITATION (EPH)	<input type="checkbox"/> OTHER: (Specify)	<input type="checkbox"/> DON'T KNOW	
HEAT SOURCE:						
<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> GAS	<input type="checkbox"/> SOLID (WOOD, CHARCOAL)		<input type="checkbox"/> MICROWAVE	
ELECTRICAL RATING:			WEIGHT (LBS):		MENU PROVIDED:	
KW / WATTS:		VOLTS:			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**SECTION III. TYPES OF FOODS TO BE COOKED IN THE PROPOSED EXEMPTED COOKING EQUIPMENT
(MARK THE BOX WITH "X" THAT APPLY)**

<input type="checkbox"/>	PRE-COOKED WRAPPED/PACKAGED FOODS – REHEAT ONLY	<input type="checkbox"/>	RAW MEATS AND/OR RAW EGGS: (MEAT, FISH, POULTRY)
<input type="checkbox"/>	BAKED GOODS INCLUDING BREAD, ROLLS, COOKIES, PASTRIES, PIES, CAKES ETC.	<input type="checkbox"/>	VEGETABLES INCLUDING BAKED POTATOES, STEAMED VEGETABLES, BEANS ETC.
<input type="checkbox"/>	PIZZA (MADE FRESH)	<input type="checkbox"/>	OPEN COOKING: (SAUTE, GRILL, ETC)
<input type="checkbox"/>	PIZZA (FROZEN PAR BAKED)	<input type="checkbox"/>	DEEP FAT FRIED FOODS
<input type="checkbox"/>	SANDWICHES (CONTAINING ONLY READY TO EAT FILLINGS)	<input type="checkbox"/>	OTHER (SPECIFY):

SECTION IV. FOOD FACILITY OPERATION INFORMATION

APPROXIMATE SIZE OF FACILITY (SQUARE FEET):	APPROXIMATE SIZE OF ROOM / AREA WITH COOKING EQUIPMENT (SQUARE FEET):
HOURS PER DAY OF OPERATION OF COOKING EQUIPMENT:	VENTILATION (CUBIC FEET PER MINUTE) IN ROOM / AREA:
NUMBER OF COOKING EQUIPMENT THAT HAVE BEEN PREVIOUSLY APPROVED WITHOUT MECHANICAL EXHAUST VENTILATION:	SPECIFY TYPE OF EQUIPMENT PREVIOUSLY APPROVED WITHOUT MECHANICAL EXHAUST VENTILATION:
"DUCTLESS" VENTILATION PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DUCTLESS HOOD MANUFACTURER AND MODEL NUMBER:

PRINT NAME OF APPLICANT

POSITION / TITLE

APPLICANT SIGNATURE

TELEPHONE NUMBER

DATE

FOR OFFICIAL USE ONLY:

CONTACT OFFICE	FEE PAID: _____	PLAN CHECK NUMBER:
	RECEIPT NO.: _____	
	CHECK # OR CASH: _____	APPLICATION REVIEWED BY:
	DATE PAID: _____	
	CASHIER'S INITIALS: _____	

WHITE/Plan Check ♦ PINK/Districts ♦ YELLOW/Customer ♦ BLUE/Clerk