

## APPLICATION FOR REVIEW OF COOKING EQUIPMENT FOR MECHANICAL VENTILATION REQUIREMENTS

County of Orange, Health Care Agency, Environmental Health 1241 E. Dyer Rd., Ste. 120, Santa Ana, CA 92705 (714) 433-6074

The California Mechanical Code and the California Health & Safety Code require that all cooking equipment in food facilities be vented for the removal of toxic gases, heat, odors, steam, and grease laden vapors. Some cooking equipment may not require mechanical ventilation, if properly tested and evaluated by an ANSI-accredited testing organization, and may be exempt from requiring mechanical ventilation. Complete the following application to apply for an exemption. Applying for an exemption does not guarantee that the equipment will be exempt.

2. Facility Name:  3. Address:  4. Facility type:   Restaurant   Grocery Store   Bakery   Other:	1.	Applicant Name(s):	Phone:
4. Facility type:  Restaurant Grocery Store Bakery Other:  5. Appliance Type (rotisseric, oven, etc.):   6. Equipment Manufacturer:   7. Manufacturer Address:   8. Model information:   9. Certified to meet NSF/ANSI Standard 4? Yes No Don't know If "yes", certifying organization:  NSF ETL UL Sanitation Other certifying organization (please specify):   10. Number of appliances currently in use that have been previously exempted from mechanical ventilation (excluding coffee brewers, toasters):   11. How many appliances are you requesting to install without mechanical exhaust ventilation?   12. Types of foods to be cooked in the appliance (check all that apply):   Pre-cooked wrapped/packaged foods (reheat only)   Baked Goods (includes bread, rolls, pastries, pies, cookies, cakes, etc.)   Vegetables (includes baked potatoes, steamed vegetables, beans, etc.)   Pizza: (frozen/pre-baked made fresh)   Sandwiches (containing only ready to eat fillings)   Raw meats and/or raw eggs (meat, fish, poultry)   Open cooking (sauté, grill, etc.)   Deep fat fried foods   Other (pleas specify):	2.	Facility Name:	
5. Appliance Type (rotisserie, oven, etc.):  6. Equipment Manufacturer:  7. Manufacturer Address:  8. Model information:  9. Certified to meet NSF/ANSI Standard 4?	3.	Address:	
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9. Certified to meet NSF/ANSI Standard 4?	7.	Manufacturer Address:	
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Other (pleas specify):		Open cooking (sauté, grill, etc.)	
		☐ Deep fat fried foods	
APPLICANT SIGNATURE: DATE:		Other (pleas specify):	
	APPLIC	CANT SIGNATURE: DA	ATE:

The following <u>must</u> be attached to this application:

- 1). A copy of the manufacturer's specifications (cut sheet) for the appliance
- 2). A check (Refer to Fee Schedule) made payable to: "Orange County Health Care Agency."

**Fee payment is non-refundable and does not guarantee an exemption.** The fee covers the cost of an office evaluation only (up to 1 hour). Additional fees may be required if a field evaluation is necessary.