

**COMMERCIAL COOKING SUPPLEMENT**

INSURED: Lucianos Pizza Inc  
LOCATION:

FILE#:   
POLICY#:

**RISK OPERATIONS**

- Tavern
- Combination Restaurant/Bar
- Family Restaurant
- Fast Food
- Diner
- Night Club
- Social Club
- Cafeteria
- Caterer
- Other (Describe) \_\_\_\_\_

Operated by Insured: **YES**  **NO**   
 Food Sold **100%** Alcohol Sold **0%**  
 Capacity **68** People  
 Number of Employees **7**  
 Check all that apply & if checked, comment in Narrative  
 Live Entertainment  
 Game Machines # of Machines \_\_\_\_\_  
 Dancing Size Dance Floor \_\_\_\_\_  
 Bingo/Gambling \_\_\_\_\_ people  
 Outside Seating \_\_\_\_\_ people  
 Other (Describe) \_\_\_\_\_  
 Years in Business **14** Years at this Location **14**

Hours of Operation **11:00 AM to 11:00 PM**  
 Kitchen Area **360 SQ FT**

- Are Dirty Linens Stored in a Covered Metal Container or Approved Manner? **YES**  **NO**  **N/A**
- Is all Refuse Removed from Building at Closing and Disposed of Properly? **YES**  **NO**  **N/A**
- Is Closing Time Inspection of Interior Including all Equipment Made? **YES**  **NO**  **N/A**
- Are Refrigeration Compressors Clean, Well Ventilated & Electrically Protected? **YES**  **NO**  **N/A**

**COOKING EQUIPMENT**

Number of:	Fuel:
<b>1</b> Ranges w/Ovens	Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/>
<b>2</b> Ovens	Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/>
<b>1</b> Deep Fryers	Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/>
_____ Char Broilers	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
_____ Standard Broilers	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
<b>1</b> Grills w/ Flat Tops	Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/>
_____ Steam Tables	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
_____ Other Equipment	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
Total Number of Burners	<b>6</b> Burners
Combined for Ranges	<b>1</b> w/Flat Tops

- Are Pressure Cooker Type Deep Fryers Installed to Manufacturer's Specifications? **YES**  **NO**  **N/A**
- All Deep Fryers are U/L or AGA Listed Equipment? **YES**  **NO**  **N/A**
- All Deep Fryers Equipped with High Limit (475°) Shut Down Thermostat? **YES**  **NO**  **N/A**
- Each Fryer Minimum 16" from Open Flame or Separated by 8" High Steel Baffle? **YES**  **NO**  **N/A**

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**EXHAUST SYSTEM**

Galvanized or Stainless Steel Liquid Tight Hood Covers all Cooking Equipment?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Clearances to Walls & Ceiling Min 18" or Properly Protected?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Exhaust System is Provided for all Commercial Cooking Equipment?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
U.L. Listed Exhaust Fan for High Hazard Area Installed?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Exhaust Fan is Left Running for 30 Minutes After Cooking Equipment is Shut Off?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
U.L. Listed Baffle Type Filters (Not Wire Mesh) Installed at 45 Degree Angle?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Filter Clearances			
24" Electric Appliances or Deep Fat Fryers	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
36" Exposed Gas Flame Devices	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
48" Open Charcoal or Mesquite Broilers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is Filter Cleaning Adequate (1-2 times weekly)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Frequency of Cleaning <b>WEEKLY</b>			
Liquid Tight Ducts Provided from Hood to Exterior Approved Termination Point?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
NOTE: Roof System Must Terminate > 40" Above Roof	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Exhaust Must be > 10' From Fresh Air Intake & Adjoining Building	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
18" Clear Air Space or Proper Protection to Combustibles Provided?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Clean Out Traps Provided Every 20 Feet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Hood Plenum Wiring Liquid Tight & Lighting Globe Covered?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is Exhaust System Professionally Cleaned at Least Every 6 Months?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is System Currently Clean?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Exhaust Cleaned By: <b>JMJ</b>			
Frequency: <b>SEMI-ANNUAL</b>			
Last Date: <b>7/07</b>			

**ENTERPRISES**

**PRIVATE FIRE PROTECTION**

U.L. Listed System Installed?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Which Type: <input type="checkbox"/> Ansul <input type="checkbox"/> Casco <input type="checkbox"/> Pyro-Chem <input checked="" type="checkbox"/> Range Guard <input type="checkbox"/> Safety First <input type="checkbox"/> Other <input type="checkbox"/>			
Model #: <b>RG4G</b>	Size: <input type="checkbox"/>		
<input type="checkbox"/> Dry Chemical <input checked="" type="checkbox"/> Wet Chemical/Foam <input type="checkbox"/> CO <sub>2</sub>			
*** If CO <sub>2</sub> , is Fan Equipped with Interlock to Shut Down if System Activates?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is Suppression System Equipped with Interlocks to Shut Off Both Power & Fuel?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Are Discharge Nozzles Correctly Positioned for Each Cooking Appliance?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is Suppression System Inspected Semi-Annually by a Factory Authorized Agency?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Authorized Service Company <b>KINT FIRE</b>	City <b>HARRISBURG,</b>	Last Service Date <b>10/07</b>	
<b>PROTECTION</b>	<b>PA</b>		
Remote Activator in Path of Exit?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Minimum (1) One 40BC Rated or "K-Rated" Fire Extinguisher in Kitchen?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
NOTE: ABC Rated Fire Extinguishers use Alkaline Powder Which is Incompatible with Chemicals in Automatic Suppression Systems			
Minimum of one 2A20BC Rated Extinguisher for Each 1500 sq. ft. of Remaining Space?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>