

Ventilation Smoke Test

Facility Name: _____

Address: _____

Hood #	Hood type / Location Description	# smoke candles	Passed (Y / N)	Outcome Notes

Test performed by: _____

Agency: _____

Test Date: _____

The smoke tests were performed according to the Michigan Department of Agriculture document "Evaluating Ventilation Systems With Smoke Candles", June 18th, 1996.

