

Commercial Cooking Supplement



Please complete separately for each cooking facility. Do not complete if your only equipment is a microwave oven.

Named Insured	
Location	

1. Use of Cooking Facility

a. Describe who uses the facility (i.e. employees, tenants, outside organizations, etc.)				
b. Describe frequency of use of this facility				
c. Describe the types of functions held at this facility				
d. Are there posted instructions for use of cooking equipment	Yes		No	
e. Are users informed of fire extinguishing procedures	Yes		No	

2. Cooking Equipment and Cleaning

For each type of cooking equipment you have in your facility, describe the cleaning procedures and frequency of cleaning.

Equipment	Gas	Electric	Cleaning Procedures & Frequency of Cleaning
Deep Fat Fryer			
Grill			
Cook Top			
Oven			
Other (Specify):			

3. Fire Extinguishing Equipment

a. Do you have hand held extinguishers	Yes		No	
b. Do you have an automatic hood and duct extinguishing system	Yes		No	
c. Does it cover all commercial cooking equipment	Yes		No	
d. Is the system monitored in your office or at another remote location	Yes		No	
e. Are user instructions posted on or near this equipment	Yes		No	

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