**UNDERFIRED CHARBROILER**

**PEER Application / One-Time Report Form**

|  |  |
| --- | --- |
| Company Name: |  |
| Address of Equipment: |  | City: |  | Zip: |  |
| Company Mailing Address: |  | City: |  | State: |  | Zip: |  |

**UNDERFIRED CHARBROILER DESCRIPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturer: |  | Model: |  |
| Cooking Surface: |  | (square feet) |  |
| Type of Fuel: | [ ]  | Natural Gas | [ ]  | LPG/Propane | [ ]  | Wood | [ ]  | Other (specify): |  |
| Commercial Cooking Operating Hours: |  | (hours/day)  | Operating Days (circle): | S | M | T | W | Th | F | S |

**HOOD OR EXHAUST SYSTEM**

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturer: |  | Model: |  |
| Flow Rate:  |  | (cubic feet per minute) |

**CONTROL DEVICE** (if any, not fire suppression system)

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturer: |  | Model: |  |
| Designed to Reduce: | [ ]  | Particulate | [ ]  | Kitchen Smoke | [ ]  | Odor | [ ]  | Other (specify): |  |

**PROCESS DESCRIPTION**

|  |  |
| --- | --- |
| Type of Meat Cooked | Maximum Pounds of Meat Cooked |
| Per Week | Per Year |
| Beef (excluding hamburger) |  |  |
| Hamburger |  |  |
| Poultry |  |  |
| Lamb |  |  |
| Pork |  |  |
| Fish/Seafood |  |  |
| Other (specify): |  |  |

Is this Underfired Charbroiler unit used to cook less than 400 pounds of meat in every calendar week, **OR** equal to or less than 10,800 pounds of meat in any 12-month period and the amount of meat cooked every calendar week is less than 875 pounds?

[ ]  yes Exempt from the registration requirements. Completion and submission of this form satisfies the “One-time Report” requirement (*weekly records of meat cooked must be maintained and retained for 5 years*).

[ ]  No Registration is required. Completion and submission of this form satisfies the “PEER Application”; an initial fee of $104.00 will be billed at the time of registration issuance *(there should be one PEER application form submitted for each charbroiler unit subject to the requirements at the subject location).*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | Title: |  |
| Phone No: |  | Cell No: |  | E-Mail: |  |
|  |  |  |  |  |  |
|  | Applicant Signature |  | Date |  |  |