

**BROWARD COUNTY SCHOOL DISTRICT A/C FILTER LOG**

**SCHOOL NAME:** \_\_\_\_\_ **LOCATION #:** \_\_\_\_\_

FISH / LOCATION	FILTER SIZE	QUANTITY	DATE CHANGED	REMARKS
KITCHEN HOOD	FILTER SIZES	QUANTITY	DATE CHANGED	REMARKS
KITCHEN HOOD	GREASE CATCHERS	QUANTITY	DATE CLEANED	REMARKS

Return this form to your area Facilities Service Person Supervisor **prior to the last working day of the month.**

**H.F.S.P.:** \_\_\_\_\_

**ADMINISTRATOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_