



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services



CHARLES D. BAKER
GOVERNOR

 KARYN E. POLITO
LT. GOVERNOR

 DANIEL BENNETT
SECRETARY

P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775
(978) 567~3100 Fax: (978) 567~3121
www.mass.gov/dfs

PETER J. OSTROSKEY
STATE FIRE MARSHAL

MASSACHUSETTS STATE FIRE MARSHAL

UNIFORM LABEL REQUIREMENTS FOR COMMERCIAL COOKING EQUIPMENT

The following sample label is provided to show the minimum required format and information that must be provided pursuant to 527 CMR 1.00. These stickers shall be pre-printed with your company name, complete address and 24-hour emergency service contact phone number.

| | | | | | | | | | | | | | | | |
|--|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|------|---|------|----|----|----|----|
| DO NOT REMOVE PER ORDER OF THE STATE FIRE MARSHAL | | | | | | | | | | | | | | | |
| Date of Last Service | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | JAN | <input type="checkbox"/> | APR | <input type="checkbox"/> | JUL | <input type="checkbox"/> | OCT | <input type="checkbox"/> | 2009 | <input type="checkbox"/> | 2012 | | | | |
| <input type="checkbox"/> | FEB | <input type="checkbox"/> | MAY | <input type="checkbox"/> | AUG | <input type="checkbox"/> | NOV | <input type="checkbox"/> | 2010 | <input type="checkbox"/> | 2013 | | | | |
| <input type="checkbox"/> | MAR | <input type="checkbox"/> | JUN | <input type="checkbox"/> | SEP | <input type="checkbox"/> | DEC | <input type="checkbox"/> | 2011 | <input type="checkbox"/> | 2014 | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| COMPANY NAME | | | | | | | | | | NEXT SCHEDULED SERVICE | | | | | |
| ADDRESS | | | | | | | | | | <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 120 DAYS | | | | | |
| CITY STATE ZIP | | | | | | | | | | <input type="checkbox"/> 60 DAYS <input type="checkbox"/> 180 DAYS | | | | | |
| (AREA CODE) + NUMBER | | | | | | | | | | <input type="checkbox"/> 90 DAYS <input type="checkbox"/> ---- DAYS | | | | | |
| SERVICED BY _____ | | | | | | | | | | BFD or C OF C # _____ | | | | | |

SIZE: Minimum 4.75 inches X 2.75 inches

COLORS:

Compliant System: **WHITE** with black letters

System with **Deficiencies:** **ORANGE** with black letters

LOCATION:

Must be placed on the hood in a clearly visible location.

MARKING:

The label is to be properly **“PUNCHED”** to indicate the required information. The Certificate of Competency number shall be completed in writing.

The person who actually conducted or oversaw the service shall write their name and certificate number on the label using a permanent marker

A Certificate of Competency holder is required to be on site during the cleaning and is responsible for assuring that services are conducted in accordance with 527 CMR 1.00.

NON-COMPLIANCE:

If the system is in a non-compliance manner an orange sticker must be utilized and within 48 hours the local fire department must be notified.