

Maintenance for Grease Trap / Interceptor Inspection Form

Name of Facility			
Address of Facility			
Date Service Performed	Total Volume of Trap/ Interceptor	Total Volume of Debris	Percentage of Trap Full (%)
Comments regarding any deficiencies in trap/ interceptor			
Name of Grease Trap/ Interceptor Service Company/ Fats-Oil-Grease Renderer			
Address of Grease Trap/ Interceptor Service Company/ Fats-Oil-Grease Renderer			
Name and address of Final Disposal Site			
Signature of Grease Trap/ Interceptor Service Company Employee Performing Work/ Fats Oils Grease Renderer			
Signature of Facility (Discharger) Employee observing and accepting the services			
Note: Retain this inspection form for a period of 3 years per MMC 13.12.063 (4)			