GREASE TRAP / INTERCEPTOR MAINTENANCE LOG

Please write clearly & use a separate log for each trap

Facility name _____

Address _____

Location of grease trap _____
(Example: Under 3 compartment sink in food prep area)

Grease trap size _____

Grease trap make and model # _____

Date of cleaning or inspection	Cleaned by	Gallons removed	Disposal Method	Remarks

Complete this form after each inspection and/or cleaning.
Form must be complete and available upon request.