

GREASE TRAP INSPECTION REPORT

The purpose of this checklist is to offer a general format to follow during inspections. All grease traps must be inspected and listed on this form. Return this form with the annual reporting form.

Facility Name/Address:
Telephone number:

Is there a Grease Trap/Interceptor inside the building? Yes No
 Location _____ Size _____
 Condition (structural) _ (operational) _____
 Observations/Comments: _____

How many Grease Traps are there? (Circle one) 1 2 3

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Tank Number:
Describe Tank Location:
Comments:
Size of tank _____ gallons How was it determined?
Baffle? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, can all compartments be cleaned? <input type="checkbox"/> No <input type="checkbox"/> Yes
Inlet Pipe: Visible? <input type="checkbox"/> No <input type="checkbox"/> Yes Depth: _____ ft. Condition: _____
Outlet Pipe: Visible? <input type="checkbox"/> No <input type="checkbox"/> Yes - Depth: _____ ft. Condition: _____
What method are you using? <input type="checkbox"/> clear plastic pipe <input type="checkbox"/> measuring stick H other
*Depth from Bottom of Outlet Pipe to Bottom of Tank: _____ ft. (A)
*Thickness of Floating Grease Blanket at Top of Liquid Surface: _____ ft. (B)
*Thickness of Settled Material on Bottom of Tank (if measurable): _____ ft. (C)
*Depth from Bottom of Outlet Tee to Bottom of Tank: _____ ft. (D)
Is (B) above greater than 25% of (A) above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is (C) above greater than 25% of (D) above? <input type="checkbox"/> Yes <input type="checkbox"/> No
If either condition is marked "Yes", the grease trap requires maintenance.
Indicate the date the grease trap is cleaned. Date Cleaned: _____ Initial: _____
Facility Representative _____ Date Inspected _____