

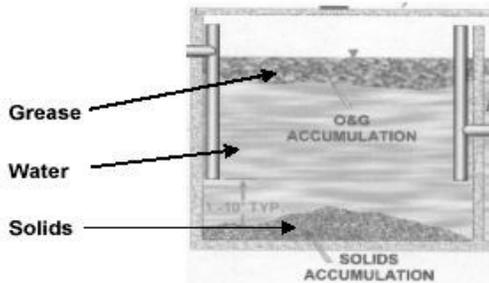
FATS, OILS & GREASE (FOG) GREASE TRAP SERVICE REPORT

License Number _____

1. **Facility Name:** _____
- Address:** _____
- City:** _____ **State:** _____ **Zip:** _____

2. **Haulers Manifest No.**

3. **Trap Measurements (25% Rule)**



	+		=		(M)
Depth of Grease		Depth of Solids		Total	

	X	0.25	=		(P)
Depth of Trap				25%	

If M is greater than P. Trap must be pumped out.

4. **Service Method:**
- A. **Full Complete Pump Out**
- B. **Skimmed removing all surface grease**

5. **Gallons Removed and Transported:**

6. **Grease Trap Condition:**
- A. **OK Fully Functional**
- B. **In Need Of Repair**

If Checked use reverse side to provide details

7. **Additional Comments:** If Checked use reverse side to provide details

8. **Certification:** I hereby certify that all information provided herein is true and correct to the best of my knowledge and belief, respectively and that interceptor servicing this establishment is cleaned of residual fats, oils, grease and other solid materials.

Waste Hauling Company Name

Signature of Person Performing Maintenance

Date of Service

Complete this form & mail to the above listed address within 72 hours of completion of service. Failure to comply with FOG requirements may result in unannounced follow-up inspection of the facility and inspection fees as appropriate.