

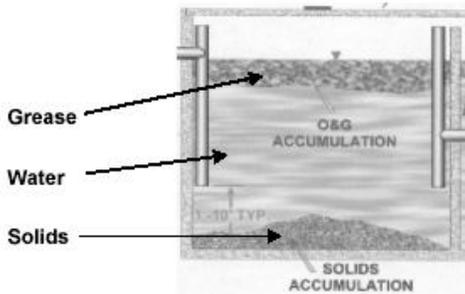
**FATS, OILS & GREASE (FOG)  
 GREASE TRAP SERVICE REPORT**

License Number \_\_\_\_\_

1. **Facility Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

2. **Haulers Manifest No.**

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



<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	(M)
Depth of Grease		Depth of Solids		Total	
<input type="text"/>	X	0.25	=	<input type="text"/>	(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.