



## Automatic Grease Removal Device Daily Cleaning Log

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Grease Interceptor \_\_\_\_\_ Grease Interceptor Size: \_\_\_\_\_ gal Device \_\_\_\_\_  
 Device Brand: \_\_\_\_\_ Flow Rate \_\_\_\_\_ gpm Total Volume \_\_\_\_\_ gal Location: \_\_\_\_\_

Cleaning Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_ City, State: \_\_\_\_\_

*(If Applicable)*

Cleaning Date & Time	Name	Grease/Solids Disposal Method	Maintenance Needed (Yes/No)	Description	Additional Comments or Observations	Signature

This form should be kept on site and available for inspection for 3 years from the latest date on the form.