



Oil/Water Separator Cleaning Log

Facility Name: _____ Phone Number: _____

Facility Address: _____ Contact Name: _____

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

Cleaning Company: _____ Phone Number: _____ City, State: _____

Cleaning Date & Time	Company	Grease/Solids Percentage	Maintenance Needed (Yes/No)	Description	Additional Comments or Observations	Signature <small>Establishment Representative Company Representative</small>

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