



Quarterly Automatic Grease Removal Device Report

Food Service Establishment Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Name of Person Completing Report _____ Title _____

Phone _____ Email _____

Grease Removal Device
Cleaned Daily Yes No

Grease Disposal Method _____

Repairs Needed? Yes No Repairs Performed Yes No

Date of Next Scheduled Service _____

Please List or Explain any upcoming changes to the Food Service Establishment (i.e., renovations, remodeling, change in ownership...):

Please keep a copy of this form at the Food Service Establishment as a part of the Required Maintenance File. In addition to this form please attach a copy of the Automatic Grease Removal Device Cleaning Log and the Automatic Grease Removal Device Daily Inspection Log.