

Automatic Grease Removal Device Daily Inspection Log

Facility Name:			Pho	one Number:
Facility Address:			Соі	ntact Name:
Grease Interceptor Device Brand:	r Grease Interceptor	Flow Rate Size: Total Volume	DE	vice cation:
Cleaning Company	y: Phone Nun	nber:		y, State:
Inspection Date & Time	Inspector Name/Title	All Components of Device in Working Order (Yes/No) Grease Ol in Sampl (Yes/	e Port Needed	e Additional Comments or Observations

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