



Exterior Grease Interceptor Cleaning Log

Facility Name: _____ Phone Number: _____

Facility Address: _____ Contact Name: _____

Grease Interceptor Device Brand: _____ Grease Interceptor Size: _____ Flow Rate _____ gpm
 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 FSE Representative Transport Company Representative

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