

Exterior Grease Interceptor Weekly Inspection Log

Facility Name:				Phone Number:
Facility Address:				Contact Name:
Grease Interceptor Device Brand: Cleaning Company	<u> </u>	Flow Rate Size: Total Volume mber:	gal	Device Location: City, State:
Inspection Date & Time	Inspector Name/Title	Grease Observed in Sample Port (Yes/No) Maintenance Needed (Yes/No)		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.