

Interior Grease Interceptor Cleaning Log

Facility Name: Facility Address:						Phone Number:	
Grease Interceptor Device Brand:		Grease Interceptor Size: Total Volume Phone Number:			gal	Contact Name: Device Location: City, State:	
Cleaning Date & Time	Company (Person/Company)	Grease/Solids Disposal Method	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.