



## Interior Grease Interceptor Weekly Inspection 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: \_\_\_\_\_

Inspection Date & Time	Inspector Name/Title	All Components of Device Intact (Yes/No)	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.