



Oil/Water Separator Weekly Inspection Log

Facility Name: _____ Phone Number: _____

Facility Address: _____ Contact Name: _____

Grease Interceptor _____ Grease _____ Flow Rate _____ gpm
 Device Brand: _____ Interceptor Size: Total Volume _____ gal Device Location: _____

Cleaning Company: _____ Phone Number: _____ City, State: _____

Inspection Date & Time	Inspector Name/Title	Oil 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.