



Quarterly Interior Grease Interceptor Device Report

Food Service Establishment Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Name of Person Completing Report _____ Title _____

Phone _____ Email _____

Grease Interceptor
Cleaned Yes No

Dates of Cleaning _____

Cleaning Company
(If applicable) _____

Cleaning Completed By
(If completed by FSE employee) _____ Title _____

Grease Disposal Method _____

Repairs Needed? Yes No Repairs Performed Yes No

Date of Next Scheduled Cleaning _____

Please List or Explain any upcoming changes to the Food Service Establishment (i.e., renovations, remodeling, change in ownership...):

Please keep a copy of this form at the Food Service Establishment as a part of the Required Maintenance File. In addition to this form please attach a copy of the Interior Grease Interceptor Cleaning Log and the Interior Grease Interceptor Weekly Inspection Log.