



Quarterly Oil/ Water Separator Device Report

Establishment Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Name of Person
Completing Report _____ Title _____

Phone _____ Email _____

Oil/ Water Separator Cleaned Yes No

Date of Cleaning _____

Cleaning Company _____

Cleaning Observed By _____ Title _____

Oil Observed in sample port? Yes No

Repairs Needed? Yes No Repairs Performed Yes No

Date of Next Scheduled Cleaning _____

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

Please keep a copy of this form at the Establishment as a part of the Required Maintenance File.
In addition to this form please attach a copy of the Oil/ Water Separator Cleaning Log and the Oil/ Water Separator Weekly Inspection Log.