GREASE INTERCEPTOR MAINTENANCE LOG

Business Name: _____

Address: _____

Interceptor Location: _____
(I.e., under 3 comp. sink or NE corner of parking lot)

Interceptor Volume: _____

Minimum Cleaning Frequency Requirements:

HGI – Monthly
GGI – Semi-annually*

ALL RECORDS MUST BE MADE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS

MAINTENANCE DATE	VOLUME REMOVED (gal)	MAINTENANCE BY (Business Name or Employee)	PERSON PERFORMING MAINTENANCE	GREASE DISPOSAL LOCATION (Facility where the waste was disposed)	NOTES

*or when the total accumulation of surface FOG (including floating solids) and settled solids reaches 25% of the GGI's overall depth