

GREASE TRAP INSPECTION FORM

General Information

Date		Time		AM/PM	
Type of Inspection:	Routine	R	e-Inspection		
Facility Name					
Address					
Contact Person/Title					
Type of Establishment:	Food Prep/Se	rvice	Other		
Last Pump Date	Commercial Waste Hauler				
Inspection Information					
TYPE OF TRAP	INTERCEPTER				TRAP
	OUTE	OOOR			INDOOR
VISUAL INSPECTION	YES				NO
CONDITION OF TRAP	GOOD		FAIR	POOR	
TOTAL WATER:	INCHES		TOTAL FO	OG:	INCHES
PUMP RE-INSPECTION INF	FORMATION				
TRAP RECOMMENDED TO	BE PUMPED:	7 DAY	14 DAY	30 D/	AY 60 DAY
PLANED RE-INSPECTION I	DATE:				
RECOMMENDED PUMPING COMMENTS:					_
CITY OF SENOIA REPRESI	ENTATIVE:				
NAME:					
PRINT	SIGNATURE:				