



# GREASE INTERCEPTOR INSPECTION RECORD

Restaurant name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type of interceptor: \_\_\_\_\_

Volume of interceptor: \_\_\_\_\_

Required minimum cleanout frequency: \_\_\_\_\_

Date inspected	A	B	C	Add column B and C together. If the total is 25% of column A, or more, the interceptor needs to be cleaned.	Amount of grease and oil removed from interceptor in gallons	During cleaning was the entire grease blanket removed, were the sides, bottom, lid and baffles scraped or pressure washed clean?	Cleaning company and / or employee name.	Who from your business witnessed the cleaning?
	Total depth of vault contents	Thickness in inches of floating grease blanket at top of liquid surface	Inches of settled material on bottom of tank					
				Yes / No		Yes / No		
				Yes / No		Yes / No		
				Yes / No		Yes / No		
				Yes / No		Yes / No		
				Yes / No		Yes / No		
				Yes / No		Yes / No		
				Yes / No		Yes / No		
				Yes / No		Yes / No		
				Yes / No		Yes / No		

As the owner and/or manager of this facility I certify under penalty of law that this inspection record and all attachments are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of owner and/or manager

\_\_\_\_\_  
date

Environmental Services  
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