



FACILITY NAME AND ADDRESS

**GREASE INTERCEPTOR CLEANING AND DISPOSAL LOG**

Date Interceptor Cleaned	Amount of Solids/Grease Removed	Grease Hauler Name	Name of Grease Disposal Facility	Manager's Signature

**GREASE INTERCEPTOR MAINTENANCE LOG**

Maintenance Date	Brief Description of Repairs	Manager's Initials

\*\*\*Must Maintain these records for 3 years and have available for inspections\*\*\*