GREASE TRAP MAINTENANCE REPORT

Business Name:			
Address:		Phone:	
Number of grease traps:		Location of grease traps:	

Date of Service	Initials of Employee Inspecting Cleaning	Name of Cleaning Service or Employee	Initials of Cleaning Service Employee	Additional Comments/Manifest #

I certify that this document was prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name:		Title:	
Signature:		Date:	