



**GREASE TRAP CLEANING AND DISPOSAL RECORD**

*This record must be maintained on-site for 3 years and available during inspections. Attach a copy of the haulers record to this form.*

Restaurant/Facility Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Grease Trap Hauler: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Grease Trap Cleaning: \_\_\_\_\_

Amount of solids and grease removed: \_\_\_\_\_ gallons

Place of Disposal: \_\_\_\_\_

Was all material removed from the grease trap? YES / NO

\_\_\_\_\_  
Hauler Representative Name (printed)                      Signature                      Date

Restaurant/Facility Representative (printed) \_\_\_\_\_

Signature: \_\_\_\_\_