



# Grease Interceptor Cleaning Log

Business Name:												
Address:					Phone:							
Size of Interceptor (Gallons):					Supervising Employee:							
Date of Service:				Name of Servicing Company:				Service Provided -- Full or Partial Pump-out:				
Name of Servicing Employee (Print):						Name of Servicing Employee (Signature):						
Approximate Amount of Solids Removed:						Total Volume of Waste Removed (Gallons):						
Destination of Removed Wastes:							Manifest #					
Additional Comments or Repairs Required:												
<p>I certify that this document was prepared under my direct supervision. The information documented is, to the best of my knowledge and belief, true, accurate, and complete. All records of maintenance and cleaning shall be retained for 3 years. I understand that failure to provide copies of maintenance logs during inspection by a MU representative may result in fines or other penalties.</p>												
Name:								Title:				
Signature:								Date:				
Next Service:	<input type="checkbox"/> January		<input type="checkbox"/> February		<input type="checkbox"/> March		<input type="checkbox"/> April		<input type="checkbox"/> May		<input type="checkbox"/> June	
	<input type="checkbox"/> July		<input type="checkbox"/> August		<input type="checkbox"/> September		<input type="checkbox"/> October		<input type="checkbox"/> November		<input type="checkbox"/> December	