

Facility Name: _____

Address: _____

Grease Interceptor Size(s): _____

Note: FOG BMP and Grease Interceptor Cleaning Log(s) must be maintained on-site and available for review upon request by Columbus Public Health and Division of Sewerage and Drainage personnel. Grease Interceptor Cleaning Log(s) must be maintained on-site and available with the FOG BMP for any facility with grease interceptor(s).

(Make extra copies of this form for future use)

GREASE INTERCEPTOR CLEANING LOG

RETAIN RECORD(S) IN A PERMANENT LOG BOOK FOR A MINIMUM OF 3 YEARS
 SEPARATE LOG(S) MUST BE MAINTAINED FOR EACH GREASE INTERCEPTOR

	Date Cleaned	Gallons or Percent of Grease and Solids Removed	Grease Interceptor Condition Mark satisfactory or unsatisfactory (If unsatisfactory, indicate corrective actions)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

CERTIFICATION STATEMENT*

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS GREASE INTERCEPTOR CLEANING LOG AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____ **Authorized Representative Signature** _____ **Title** _____ **Date**

*Authorized representative signs and dates when form is completed