



Grease Interceptor or Grease Trap Service Inspection Sheet

Grease Hauler Name _____

Facility Name _____

Facility Address _____

Date of Cleaning _____

Please answer each question as it relates to the current condition of the grease interceptor/trap serviced for the facility indicated above.

Interceptor or trap pumped entirely?	YES	NO
Disposal Location (POTW, etc.)		
pumping / cleaning frequency		
size of interceptor or trap		
thickness of grease cap (inches)		
Baffles / tee's, etc. intact?	YES	NO
Foreign material present?	YES	NO
comments		

I certify that the specified Grease Interceptor or Grease Trap for said facility has been pumped, serviced, and/or cleaned in accordance with the adopted TMC (Topeka Municipal Code) regulating such work.

Grease Hauler Representative _____ Date _____

I certify that I witnessed the pumping/cleaning/servicing of the Grease Interceptor or Grease Trap as it occurred or otherwise visually inspected the Grease Interceptor or Grease Trap within 12 hours after the service date that endorses that the servicing/pumping or cleaning occurred as detailed in this service inspection sheet.

Facility Representative _____ Date _____

This sheet must be submitted to City of Topeka by the end of the week in which services were completed.
FAX to 785-368-3855 or
Mail to: 1115 NE Poplar Street Topeka Kansas 66616
Attention: Grease Trap Program Manager