GREASE TRAP/INTERCEPTOR OPERATION AND MAINTENANCE LOG

Carmel Utilities
30 West Main Street, Carmel, IN 46032 Office Phone 317-571-2477
Office Fax 317-571-2265 email Tlewis@carmel.in.gov

Company Name: _____ Company Address: _____

DATE	TYPE OF MAINTENANCE PERFORMED (1)	MAINTENANCE PERFORMED BY (2)	QUANTITY REMOVED (3)	SIGNATURE OF RESPONSIBLE PARTY (4)	COMMENTS

(1)-Please mark one of the following: Cleaned, Inspected, or Pumped (by professional cleaner).
(2)-Note the name of the employee, or professional cleaner, performing the maintenance.
(3)-List the quantity of grease and/or oil removed in *approximate* gallons.
(4)-The form should be signed by a responsible party/manager designated by the establishment.

***** Note: Completion of this form will show the business's record of the maintenance for the equipment in service. Completion of this form does not in any way guarantee that the facilities, equipment, procedures, or plan will meet City of Carmel standards, nor shall it relieve the owner of the business from the responsibility of enlarging or otherwise modifying such facilities, equipment, procedures, or plan to accomplish the intended purpose and meet the applicable standards.