

FOG Pretreatment Device Maintenance Log

Name of Business: _____ Phone Number: _____

Address: _____ Manager Name: _____

Location of Interceptor: _____ Capacity of Interceptor: _____

Required Cleaning Frequency _____ per _____

Date Trap Was Cleaned	Time	Type of Maintenance Performed	Maintenance Performed by Company/Employee Name	Approximate Amount of Grease Removed (Gallons)	Disposal Method For Grease (Where/How)	Invoice No.	Interceptor Condition (Good, Fair, Poor) Or % Full	Manager's Initials

* Please keep a copy on hand for use by City of Walla Walla Public Works Inspectors.