

City of Newark Grease Inspection Form



Site Information

Company : _____ ID/Permit #: _____
Location: _____

Phone: (____) _____
Contact name: _____ Title: _____
Phone: (____) _____
Date of Inspection: _____
Time of Inspection: _____
Inspected by: _____
Inspector accompanied by: _____

Interceptor Inspection

Last date of Inspection: _____
1. Interceptor location: _____
2. Interceptor type: _____
3. Interceptor size: _____ gallons
Trap: _____ lb» _____ gpm
4. Access manholes in place: Y / N
5. Sample tee / sample point on interceptor: Y / N
6. _____

Grease Cap => in / ft
Solids Depth => in / ft

Interceptor Sampling

Interceptor Sampled: Y / N Date: _____ Time: _____
Sample COCR #: _____ Sample Type: Grab / Composite
PH: _____ Temp: _____

Fats/Grease/Oil Removal

1. Contracted company (grease removal): _____
2. Date of last service (grease removal): _____
3. Pumping frequency: _____
4. Records kept of interceptor service: Y / N

Violation: Y / N Type: _____

Inspector's Comments:

