

No. _____

Interceptor Cleaning Report



Send within 30 days of cleaning to: City of Redmond, FOG Program Coordinator, 3100 NW 19th St, Redmond OR 97756

1. WASTE GENERATOR Facility Name: _____
Site Address: _____
City: _____ Phone: _____

2. INTERCEPTOR 1 CONDITION	INTERCEPTOR 2 CONDITION	INTERCEPTOR 3 CONDITION
Grease Depth (inches): _____	Grease Depth (inches): _____	Grease Depth (inches): _____
Solids Depth (inches): _____	Solids Depth (inches): _____	Solids Depth (inches): _____
Volume Removed (gal): _____	Volume Removed (gal): _____	Volume Removed (gal): _____
Mech. Condition: <input type="checkbox"/> Fully Functional <input type="checkbox"/> Needs repair	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Needs repair	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Needs repair
Hydromechanicals <input type="checkbox"/> Baffles removed & cleaned <input type="checkbox"/> Refilled with water	<input type="checkbox"/> Baffles removed & cleaned <input type="checkbox"/> Refilled with water	<input type="checkbox"/> Baffles removed & cleaned <input type="checkbox"/> Refilled with water
Facility manager notified of condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. CERTIFICATION *"I hereby certify that all information provided herein is true and correct to the best of my knowledge. The interceptor serving this establishment was completely cleaned of residual fats, oils, grease and other solid materials."*

Signature of person performing cleaning: _____ Date: _____

Printed name: _____ Company name: _____

Disposal location: _____ Job ticket no.: _____

4. REMARKS _____