

**GREASE CONTROL DEVICE MAINTENANCE RECORD**

**FSE Information**

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

**Hauler and Disposal Information**

Company Name: \_\_\_\_\_

For questions about your service, please contact: \_\_\_\_\_

Approximate Time & Date of Service: \_\_\_\_\_ am pm Date: \_\_\_\_\_

Waste Removed From: Grease Trap Grease Interceptor Other, please specify: \_\_\_\_\_

Grease Control Device Capacity : \_\_\_\_\_ Gallons GPM LBS

Grease Control Device Measured by: Sludge Judge Other, please specify: \_\_\_\_\_

A Measured Floating FOG Scum Layer \_\_\_\_\_ Inches

B Measured Bottom FOG Sludge Layer \_\_\_\_\_ Inches

C Total Measured FOG (Line A + Line B) \_\_\_\_\_ Inches

D Total Measured Grease Control Device Capacity \_\_\_\_\_ Inches

E Total FOG percent to Capacity (Line C / Line D \* 100) \_\_\_\_\_ %

F Total Measured FOG in Gallons \_\_\_\_\_ Gallons

Approximate Volume of FOG Removed: \_\_\_\_\_ Gallons LBS

GCD Condition: Acceptable In Need of Repair (specify in Additional Comments section below)

Additional Comments : \_\_\_\_\_

\_\_\_\_\_

Disposal Site :

HRSD Atlantic HRSD Williamsburg HRSD Chesapeake - Elizabeth

HRSD Nansemond HRSD Boat Harbor

Other, please specify: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the information provided above is correct.

\_\_\_\_\_  
Hauler Signature Hauler Printed Name Date

**THIS RECORD MUST BE RETAINED FOR 3 YEARS**