

**GREASE INTERCEPTOR
MAINTENANCE
RECORD**

Food Service Establishment: _____
Address: _____
City: _____
Telephone: _____

Date of Service: _____ Time: _____

Waste Hauler:

Waste Hauler Company Name: _____
Address: _____
NC Permit Number: _____
Interceptor(s) Size: _____
Other Services Performed: (cleaned solids filter, inspected & cleaned baffle
tees, added deodorizer, checked vent, other): _____

Grease Disposal Method:

Grease Processing Facility Name: _____
Address: _____
City: _____
Telephone: _____

I certify that the above information is correct and that the materials described above are not subject to Federal Regulations as hazardous waste. I am also aware that the final disposal of grease is the responsibility of the food service establishment listed above.

Manager's Signature: _____

Submit completed maintenance record by the fifteenth day following the month of pumping to: Grease Policy, 2799 Griffith Road, Winston-Salem, NC 27103

Mailed: _____