Logbook for Outdoor Grease Traps

Company Name: _____

Month and Year: _____

Date	Time	Inspected by Whom	Thickness of Grease Layer (Inches)	Has Grease Reached Maximum Retention? (Y/N) *	Pump-Out Required? (Y/N)	Volume of Pump-Out (Gallons)	Comments/Maintenance

*If yes, the Grease Trap Must Be Pumped Out