

## Logbook for Indoor Passive Grease Removal Unit



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

Month and Year: \_\_\_\_\_

Date	Time	Inspected by Whom	Thickness of Grease Layer (Inches)	Has Grease Reached Maximum Retention? (Y/N) *	Unit Cleaned? (Y/N)	Comments/Maintenance

\*If yes, the Grease Removal Unit Must Be Pumped Out