



FOG Control System Maintenance Log

Business Name:					
Address:			Phone:		
Size of Grease Interceptor (gal):				System Type	Trap / Interceptor
Date of Service	Initials of Employee Inspecting Cleaning	Name of Cleaning Service or Person	Initials of Person Cleaning Device	Gallons Pumped	Destination/Manifest #
<p>I certify that this document was prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. All records of maintenance and cleaning shall be retained for 3 years. Failure to provide copies of maintenance and cleaning logs during an inspection by an authorized agent of the City of Gloucester may result in fines or other penalties.</p>					
Name:				Title:	
Signature:				Date:	
Schedule	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May
Reminder:	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November
				<input type="checkbox"/> December	