



Grease Pumping Manifest

Grease/Oil Hauler: _____

Address: _____

Phone: _____ e-mail: _____

Food Service Establishment

Grease Control Permit #

Address

Contact Person	Title	Phone
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Interceptor #1: Grease level: _____	Solids level: _____	Total depth of contents: _____	
(Outside)			
Total gallons pumped: _____		Interceptor Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interceptor Location: _____
Interceptor #2: Grease level: _____	Solids level: _____	Total depth of contents: _____	
(Outside)			
Total gallons pumped: _____		Interceptor Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interceptor Location: _____

Grease Trap #1: Grease level: _____	Solids level: _____	Total depth of contents: _____	
(Inside)			
Total gallons pumped: _____		Trap Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trap Location: _____
Grease Trap #2: Grease level: _____	Solids level: _____	Total depth of contents: _____	
(Inside)			
Total gallons pumped: _____		Trap Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trap Location: _____

Issues:

- Yes No Broken or missing inlet/outlet T-down pipe
- Yes No Fluid level above inlet/outlet T-down pipe
- Yes No Broken or missing baffle wall
- Yes No Holes and/or excessive exposure of rebar on concrete floor or walls

Comments: _____

Disposal Location: _____

Contracted grease haulers have the option of using this manifest or use their own form provided it contains all of the information that is required on this manifest.

I certify under penalty of law that the measurements above are true and correct and further certify to the best of my knowledge that the material being pumped does not contain Hazardous Waste as defined by the Federal Resource Conservation and Recovery Act.

Signature (Waste Hauler)

Name (Print)

Date