

FOG Pretreatment Device Maintenance Log

Name of Business: _____ Phone Number: _____

Address: _____ Contact Person: _____

Required Cleaning Frequency _____ per _____ Name of Pumping Service: _____

Waste material from skimming is disposed of how? _____

| Date Trap Was Cleaned | Where Was The Grease Disposed Of | Grease Removed By | Approximate Amount Removed | Type of Cleaning: Skim Or Pump-out |
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Please keep a copy on hand for use by Seattle Public Utility Inspectors.