

# City of Glendale 2017 Grease Interceptor Inspection Report

5909 N. Milwaukee River Parkway, Glendale, WI 53209  
Send to the Attention of: Collin Johnson – Director of Inspection Services

<b>FOR OFFICE USE ONLY</b>	
RECV'D _____	AMT \$ _____
PAYMENT TYPE: CHECK _____ CASH _____	
CHECK/RECEIPT # _____	

- To be completed by Licensed Plumber only - (Please Print)

Property Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Property Address: \_\_\_\_\_ Glendale, WI, \_\_\_\_\_

Manager/Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (if other than above)

Plumber/Inspector: \_\_\_\_\_ MP#: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Started: \_\_\_\_:\_\_\_\_ am/pm Time Completed: \_\_\_\_:\_\_\_\_ am/pm

Reclamation Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**General Condition Questions**

Does the establishment provide training and/or literature to its staff to ensure that Best Management Practices are followed?..... Yes  No  Unknown

“No Grease Signs” are posted at appropriate sink locations?..... Yes  No  Unknown

The establishment recycles waste cooking oil and can provide records of this? (See notes section on page 2)..... Yes  No  Unknown

Measure and record temperature at each sink. Sink 1\_\_\_\_, Sink 2\_\_\_\_, Sink 3\_\_\_\_, Sink 4\_\_\_\_, Pre-rinse sink\_\_\_\_

Water temperatures at all sinks (especially the pre-rinse sink) IS BELOW 140 degrees Fahrenheit?..... Yes  No  Unknown

Are solid food wastes disposed of properly and not discharged to the grease traps or interceptors?..... Yes  No  Unknown

Grease trap(s)/interceptor(s) are cleaned and maintained regularly?..... Yes  No  Unknown

Grease trap/interceptor is easily accessible?..... Yes  No  Unknown

Grease interceptor does not contain greater than 1/3 the depth in grease accumulation?..... Yes  No

Grease interceptor does not contain greater than 1/4 the depth in sediment accumulation?..... Yes  No

Complete these questions only if unit was not cleaned internally just prior to or at time of inspection.

Is a maintenance log or file kept on-site?..... Yes  No  Unknown

Are outdoor grease and oil storage containers covered and show no signs of overflowing?..... Yes  No  N/A

Does roof or exterior show signs of grease and oil from the exhaust system?..... Yes  No  Unknown

Exhaust system filters are cleaned regularly and can be documented?..... Yes  No  Unknown

Capacity of Grease Interceptor is \_\_\_\_\_ gallons .....  Actual  Estimated

**\*COMPLETE BOTH SIDES OF THIS FORM\***

**Condition of Grease Interceptor Components**

*(Under "other" indicate action taken such as "replaced with new, cleaned, corrected, etc.")*

Location of grease interceptor? (Location: \_\_\_\_\_).....  Interior  Exterior  
*(i.e. under compartment sink, basement, rear of bldg., etc.)*

Is interceptor Timer Controlled?.....  Yes  No  N/A

Heating element working properly?.....  Yes  No  Other \_\_\_\_\_

Is interceptor Sensor Controlled?.....  Yes  No  N/A

Heating element working properly?.....  Yes  No  Other \_\_\_\_\_

Does exterior of interceptor appear clean and maintained?.....  Yes  No  N/A

Is drain piping serving interceptor in good condition and free of any damage, leaks or stored items?.....  Yes  No  N/A

Is grease trap/interceptor properly vented to allow air circulation through entire drain system?.....  Yes  No  N/A

Is food grinder connected to interceptor?.....  Yes  No  N/A  
*(Connection Not Allowed)*

Was interceptor cleaned prior to inspection?.....  Yes  No  Other \_\_\_\_\_  
*If not, remove grease from top of separation chamber and remove all solids from bottom of tank.*

Were all solids removed from bottom of tank?.....  Yes  No  Other \_\_\_\_\_

Are air relief passages clear and free of obstruction?.....  Yes  No  Other \_\_\_\_\_

Is static water line adequate?.....  Yes  No  Other \_\_\_\_\_

Are all cover fasteners present and in good condition. no significant build up of rust, grease or other debris?.....  Yes  No  Other \_\_\_\_\_

Cover gasket is in good condition and gastight, free from checks, cracks, or other defects?.....  Yes  No  Other \_\_\_\_\_

Were baffles, U-box, V-screen removed, cleaned, rinsed and reinstalled?...  Yes  No  Other \_\_\_\_\_

Were screens or strainers cleaned, rinsed and reinstalled?.....  Yes  No  N/A  Other \_\_\_\_\_

**\*\*\*ALL DEFECTS OR VIOLATIONS MUST BE CORRECTED WITHIN 7 DAYS\*\*\***

**IMPORTANT:** (Include photocopies of all billing for dates of reclamation (cleaning) service for past 12 months and indicate below any repairs made or necessary.) Application will be REJECTED if service date records are not included with this form! Payment of \$35.00 fee must be included with this form. Submittal after deadline requires DOUBLE PERMIT FEE OF \$70.00

\_\_\_\_\_  
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Signature of Plumber: \_\_\_\_\_ Credential #: \_\_\_\_\_