City of Salina
Utilities Department
Grease Trap
Self-Cleaning Log

Facility: _____ Manager: _____

Address: _____ Phone: _____

Interceptor Size: _____ gallons GI Location: _____

Inspection of the Trap must be performed on a monthly basis and recorded below.
Measurements shall be taken by removing the trap cover and inserting the measuring device near the outlet end of th device through the floating scum layer to the bottom of the trap.
Observe and record below the depth of the scum and accumulated solids on the bottom in inches.
The Trap shall be cleaned daily (20-40 gallons) or weekly (50-100 gallons).
Cleaning activity shall be documented below and a copy of this log mailed or faxed to the address below.

Date Cleaned or Inspected	Inches of Floating Fog Scum	Inches of Bottom Solids	Maintenance Personnel Name	Maintenance Personnel Initials	Signature of Supervisor

This record must be maintained on site for three (3) years.
Questions? Please contact:

Water Quality Coordinator
401 S. Fifth
Salina, KS 67401
785-826-7305 Ext. 218
e-mail: pretreatfog@salina.org