



This certification form must be completed by a "City Certified" Grease Waste Hauler or Plumber.

GREASE TRAP CERTIFICATION (Form B)

City of Dothan, Alabama

Every food service establishment in Dothan, AL must have their grease trap (HGI) certified at a minimum of annually to verify that all components of the grease control equipment are present and in good working condition.

Facility Name: _____ Phone #: _____

Address: _____ City: Dothan, AL. Zip Code _____

- | | <u>PASS</u> | <u>FAIL*</u> |
|---|--------------------------|--------------------------|
| 1. Grease trap completely emptied and cleaned before inspection? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 2. There is access to all trap chambers for cleaning? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 3. Flow control device is installed (before grease trap or at grease trap inlet)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 4. Flow control device orientation (proper flow direction) is correct? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 5. Grease trap's flow control device is vented? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 6. Grease trap has NO visible holes or leaks? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 7. Baffle(s) (inlet, middle and outlet...depending on design) are secure and operational? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 8. Grease trap does <u>Not</u> have signs of significant deterioration? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 9. No Sewer clean-out covers missing, damaged, or grated? | <input type="checkbox"/> | <input type="checkbox"/> |

*** IMPORTANT REQUIRED INFORMATION & RESPONSE:** If the answer to any of the above questions is "Fail", the equipment has failed certification. A statement of the plan of action to be taken, with date to be completed, must be provided under "Response Comments". Attach additional sheets to explain corrective action if necessary.

Inspector Certification - This grease trap has PASSED FAILED certification.

I _____ of _____
(print name of inspector, grease waste hauler, or plumber) (print company name)

certify that the above listed facility has a _____ gallons per minute / _____ pound capacity grease trap. I have examined the grease trap and provided the above information.

(signature) (date) (phone number)

Facility Owner/Manager Certification

I _____ certify to the best of my knowledge the above statements to be true and correct.
(print name) (signature) (date)

SUBMIT ORIGINAL CERTIFICATION FORM TO:
City of Dothan, Attn: FOG Program, P.O. Box 2128, Dothan, AL 36302

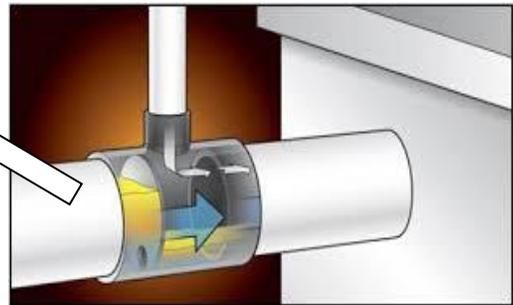
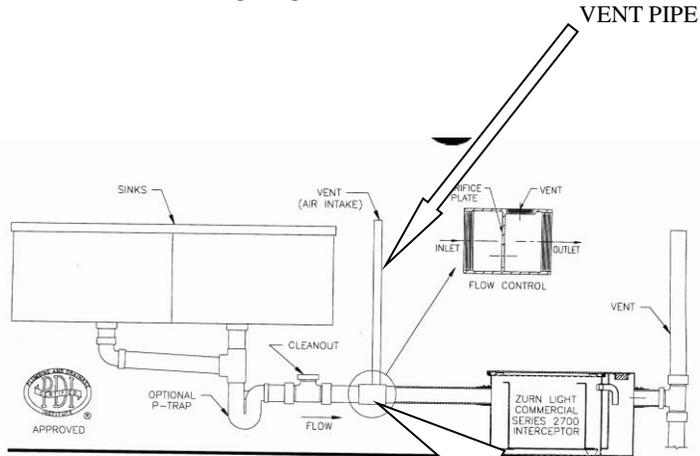
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Under the Sink Grease Trap Diagram



FLOW RESTRICTOR (Key component)

RESPONSE COMMENTS (required if "Failed" checked, identify problem, corrective action and provide planned date of corrective action)
