City of Dothan

Food Service Establishment Grease Trap Self-Monitoring Checklist (Form F)

FSE Name: _____ Grease Trap Flow Rate (gpm): _____

DATE (M/D/Y)	TIME (12 Hr.)	INSPECTED[1,2]	CLEANED[1,2]	DISPOSAL METHOD	TASK PERFORMED BY (Initials & Title)	COMMENTS

1. For Grease Traps, inspect/clean as often as necessary (but not less than 30-days) to ensure excessive fats, oils, and grease does not discharge from the outlet.
2. The Food Service Establishment may be placed on an inspection/cleaning schedule by the City of Dothan.

I certify that this information submitted is, to the best of my knowledge true and complete. I am aware that there are significant penalties for submitting false information, including civil and criminal penalities.

Owner or Manager Name (Printed): _____

Owner or Manager Name (Signed): _____