

Town of Sturbridge

Board of Health

Business Name: _____ **Please Print All Information** **Month / Year** _____
Address: _____ **Phone:** _____ **Contact Person:** _____

DAILY GREASE TRAP INSPECTION SHEET

* Title V requires grease traps inspected daily and shall be cleaned whenever the level of grease is 25% of effective depth of the trap.

Location(s) - Grease Trap: _____ **How Many:** _____ **Size(s):** _____

DAY	TIME	INSPECTION	PUMPING & DISPOSAL		ANY-NOTE OR COMMENTS	SIGNATURE PERSON IN CHARGE
		RECORD LEVEL OF GREASE	PUMPED BY?	DISPOSAL LOCATION		
1						
2						
3						
4						
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9						
10						
11						
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* If the person in charge is replaced, notify the Sturbridge Board of Health within 7 days.

* The use of chemicals of any kind in grease traps sewer system is not permitted.

* At month end you are required to send a copy or original of this report & copies of the pumping records from the septic hauler to Sturbridge Board of Health.

Sturbridge Board of Health, 308 Main Street, Sturbridge MA 01566

Phone # 508-347-2504

