



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

GREASE TRAP CERTIFICATION (Form B)

City of Brentwood Water & Sewer Department

Every food service establishment in the City of Brentwood must have their grease trap (under-the-sink units) certified annually, as required by their FOG Permit, to verify that all components of the grease control equipment are present and in good working condition.

Facility Name: _____ Phone #: _____

Address: _____ City: _____, TN. Zip Code _____

	<u>PASS</u>	<u>FAIL*</u>
1. Grease trap completely emptied and cleaned before inspection?	☐	☐

2. There is access to all trap chambers for cleaning?	☐	☐

3. Flow restrictor device is installed (before grease trap or at grease trap inlet)?	☐	☐

4. Flow restrictor device installation is correct (proper flow direction and orientation)?	☐	☐

5. Grease trap is vented (vent on flow restrictor)?	☐	☐

6. Grease trap has NO visible holes or leaks?	☐	☐

7. Baffle(s) (inlet, middle and outlet...depending on design) are secure and operational?	☐	☐

8. Automatic or machine dishwasher is <u>NOT</u> connected to the grease trap?	☐	☐

9. No Sewer clean-out covers missing or damaged?	☐	☐

*** 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, needs to be provided on attached sheet 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) (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
(print name)
statements to be true and correct. _____
(signature) (date)

SUBMIT **ORIGINAL** CERTIFICATION FORM TO:

City of Brentwood, FOG Control Program, P.O. Box 788, Brentwood, TN 37024

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