Grease Trap Maintenance and Cleaning Log

Facility Name: _____ Address: _____

Grease Trap Model: _____ Location of Grease Trap: _____

Date	Name of Employee	Contractor Name and # (For Pumpouts)	Volume of FOG Removed

* Note: If you have multiple Grease Traps, please maintain one log sheet per Grease Trap. Additional logsheets available on website linked below.

STAMFORDWPCA
Fog Abatement Program
111 Harbor View Ave
Stamford, CT 06902
Phone: (203) 977-4134

https://www.stamfordct.gov/government/operations/water-pollution-control-authority/fats-oils-and-grease-fog-abatement-program