



CITY OF LEAVENWORTH INSPECTIONS DEPARTMENT
100 N. 5th Street ♦ (913) 684-0378

GREASE TRAP INSPECTION FORM

APPLICANT INFORMATION

Facility Name:			
Facility Street Address:			
Service Company Name:		Phone Number:	
Service Company Address:		City:	State: Zip:
Location of Device:			
Type of Device: <input type="checkbox"/> Gravity <input type="checkbox"/> Hydromechanical			
If Hydromechanical, is flow control device present? <input type="checkbox"/> Yes <input type="checkbox"/> No		If present, is it properly vented? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE ANSWER THE FOLLOWING AS THEY RELATE TO THE GREASE REMOVAL DEVICE INDICATED ABOVE:

Item	Description	Status
1.	Is grease removal device empty at time of inspection? If not, STOP	Y / N
2.	Is grease removal device easily accessible for inspection?	Y / N
3.	Are wall, casings, tops, lids and/or manholes present and in good condition?	Y / N
4.	Are baffles and/or tees in good condition and correctly installed to assure proper operation?	Y / N
5.	In your best professional judgment, is grease removal device operating continuously, effectively, and as designed?	Y / N

GENERAL COMMENTS:

I certify that the specified Grease Removal Device for said facility has been inspected in accordance with the adopted Grease Trap Management Program Permit Ordinance regulating such work.

Signature of Certified Inspector

Printed Name

Date

I certify that I witnessed the inspection of the Grease Removal Device.

Signature of Facility Representative

Title

- Inspectors must leave the completed and signed Inspection Report with the FSE (Food Service Establishment).
- Inspection reports must be submitted to the City of Leavenworth by the FSE facility as part of the renewal packet.