



City of Ames
Water and Pollution Control Department
56797 280th Street
Ames, IA 50010
Phone: (515)239-5150 ♦ Fax (515)233-0454

Facility Name:	
Address:	

Fats, Oils, and Grease (FOG) Control Program – Grease Interceptor Inspection Checklist

	Yes	No
Interceptor is clean and the contents were removed during servicing.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Sanitary "T's" on the inlet and outlet sides of the interceptor compartments are not clogged, loose, or damaged.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
All baffles are secure and in place.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Interceptor does not have cracks or defects (walls and floor).	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Interceptor sample box or clean out (if applicable) was opened and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Manhole covers are securely and properly seated after completing cleaning.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Storm drains are protected from fats, oil and/or grease. (Only rainwater belongs in the storm drain system)	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Record of interceptor cleaning is on location and updated.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Photo documentation of all inlets and outlet fittings, internal baffles, walls, floor, and all other internal structures are attached to this document.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		



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I certify that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person responsible for gathering the submitted information, it is to the best of my knowledge, true, accurate, and complete. I am aware of penalties for submitting false information.

Name:		Title:	
Signature:		Date:	

Inspector:		Inspection Date:	
Company:		Address:	
Phone Number:			

Attach photographs of corrections to this checklist. Deficiencies must be corrected on or before next scheduled pump out.

Date deficiencies were corrected: _____