GREASE REMOVAL DEVICE (GRD) CLEANING RECORD VERIFICATION FORM

FSE Name: _____ FSE Street Address: _____

Registered Hauler used: _____ Cleaning Frequency: _____DAYS (FULL PUMP-OUT REQUIRED)

DATE	TIME	NAME OF GRD CLEANING PERSONNEL	WITNESS (MANAGER, etc.)	GREASE REMOVAL DEVICE VOLUME	AMOUNT OF GREASE and SOLIDS REMOVED	GREASE (inches)	WATER (inches)	SOLIDS (inches)	COMMENTS (REPLACED GASKET, etc.)

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