

RESTAURANT GREASE TRAP INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

External Condition & Access

Yes No — Cover is secure and flush with the floor or ground

Yes No — Gaskets and seals are intact and prevent odors

Yes No — Access area is clear of debris and obstructions

Yes No — Venting system is clear and functioning properly

Internal Components & Levels

Yes No — Grease layer thickness is within allowable limits

Yes No — Baffles are present, secure, and undamaged

Yes No — Solids level at the bottom is not excessive

Yes No — Inlet and outlet pipes are clear of blockages

Maintenance & Cleaning

Yes No — Cleaning frequency matches the required schedule

Yes No — Disposal records are up to date and available

Yes No — No signs of grease bypass into the main sewer line

Yes No — Sampling port is accessible and clean

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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