



Food Service Establishment Fats, Oils, and Grease and Stormwater Inspection


Facility Name: _____
 Address: _____
 SIC Code: _____ NAICs Code: _____
 Inspected by: _____
 Contact Name: _____ Contact Phone: _____ Contact Signature: _____
 Inspection Time: _____
 Inspection Date: _____
 Last Inspected: _____
 Facility Type: _____

Facility Checklist

1. Type of FOG Control Device: Interceptor Trap Other: _____
 2. Location of FOG Control Device: _____
 3. Size of FOG Control Device (in gallons): _____ gallons
 4. Required Service Frequency: Annual Semi-Annual Quarterly Bi-Monthly Monthly Weekly Daily Other
 5. Actual Service Frequency: Annual Semi-Annual Quarterly Bi-Monthly Monthly Weekly Daily Other
 6. Adequate Service Frequency: Yes No N/A: _____
 7. Last Service Date: _____
 8. Service Provider: _____
 9. Phone number: _____
 10. Records Sufficient: Yes No N/A: _____

FOG Control Device Inspection

	Yes	No
1. Is the FOG Control Device Accessible?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the Baffle Tubes Plugged?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Discharge Line Intact?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the sample exceed 25% FOG + Solids?	<input type="checkbox"/>	<input type="checkbox"/>



B = FOG depth
 A = Total depth
 C = Solids depth

A = _____ inches
 B = _____ inches
 C = _____ inches
 D = B+C = _____ inches
 D/A*100 = _____ %

5. Wastewater Permit Number: _____

Stormwater BMP Assessment

BMP	Condition (Good, Poor, Failing, N/A)	Frequency
1. Good Housekeeping		
2. Training		
3. Dumpster/Outdoor Storage		
4. Power Washing Cleaning		
5. Spill Kit/Practices		
6. Non- Stormwater Discharges		
7. Parking		
8. Landscape/Grounds Maintenance		
9. Grease Barrel Area		
10. Grease Records		
11. Grease Barrel Disposal		

Follow Up Inspection Required: Yes No
 Deadline to Complete: Immediate 1 Week 2 Weeks 1 Month

If corrective actions are not taken within the time frame(s) specified above, the City of Maywood has a right, which it will exercised if necessary, to issue a Notice of Violation and/or notify the Los Angeles Regional Water Quality Control Board of the identified violation(s) for enforcement.

Describe and attach photos, if any, under the comments section below:

Comments: _____

Signature _____

I acknowledge the results of this Site Inspection are as indicated above:

Signature: _____ Title: _____ Date: _____