

GREASE BASIN INSPECTION REPORT

Northfield Woods Sanitary District

Reported By: _____ Date/Time: _____

Name of Facility: _____

Address: _____

Contact Person: _____ Phone #: _____

OBSERVED STRUCTURAL CONDITIONS

(Specify condition of access openings, pipe connections, and basin structure)

OBSERVED OPERATING CONDITIONS

(Specify cleaning maintenance status)

Regular Maintenance Performed by: _____

Address: _____ Phone #: _____

Date of last known cleaning: _____ Depth of retained grease: _____

Action Required: _____

Other Observations: _____
