This certification form must be completed by a "City Certified" Plumber or Grease Waste Hauler.

GREASE TRAP CERTIFICATION (Form B)

City of Oak Ridge, TN

Every food service establishment in the City of Oak Ridge must have their grease trap (under-the-sink units) certified annually, to verify that all components of the grease control equipment are present and in good working condition. The completed original certification form must be submitted to the City of Oak Ridge.

Facility Name:_____Phone #:_____

Address:_____City:_____,TN. Zip Code_____

	PASS	FAIL*
1. Grease trap completely emptied and cleaned before inspection?	☐	☐
2. There is access to all trap chambers for cleaning?	☐	☐
3. Flow restrictor device is installed (before grease trap or at grease trap inlet)?	☐	☐
4. Flow restrictor device installation is correct (proper flow direction and orientation)?	☐	☐
5. Grease trap is vented (vent on flow restrictor)?	☐	☐
6. Grease trap has NO visible holes or leaks?	☐	☐
7. Baffle(s) (inlet, middle and outlet…depending on design) are secure and operational?	☐	☐
8. Automatic or machine dishwasher is NOT connected to the grease trap?	☐	☐
9. No Sewer clean-out covers missing or damaged?	☐	☐

*** IMPORTANT REQUIRED INFORMATION & RESPONSE**: **If the answer to any of the above questions is "Fail", the equipment has failed certification. A statement of the plan of action to be taken, with date to be completed, must be provided on the other side of this form under "Response Comments" (attach additional sheets to explain corrective action if necessary):**

Inspector Certification - This grease trap has ☐ PASSED ☐ FAILED **certification**.

I _____of _____
(print name of inspector) *(print company name)*

certify that the above listed facility has a _____ **gallons per minute** / _____ **pound capacity** grease trap. I have examined the grease trap and provided the above information.

_____ _____ _____
(signature) *(date)* *(phone number)*

Facility Owner/Manager Certification

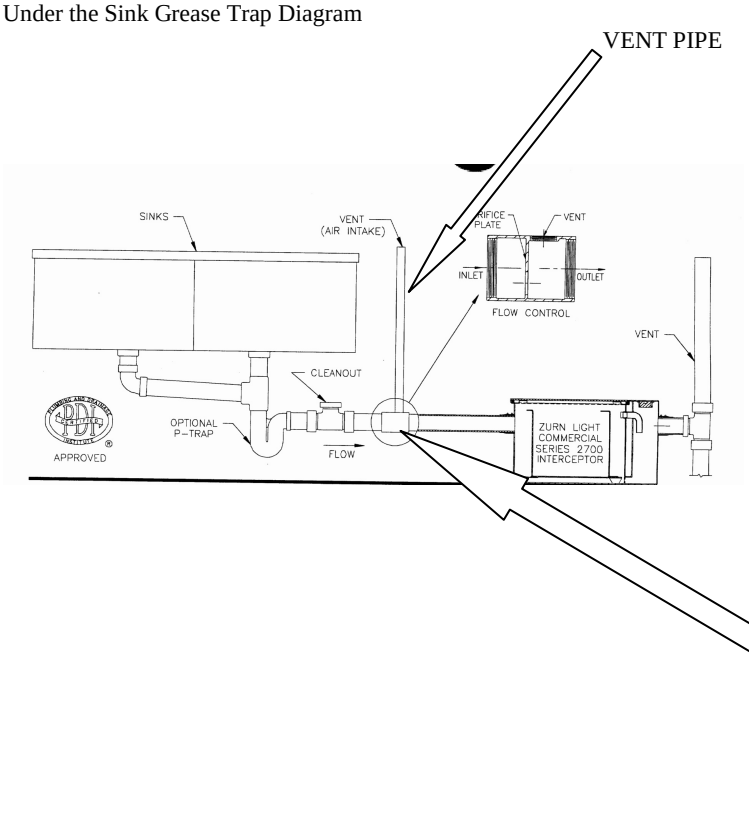
I _____ certify to the best of my knowledge the above
(print name)
statements to be true and correct. _____ _____
(signature) *(date)*

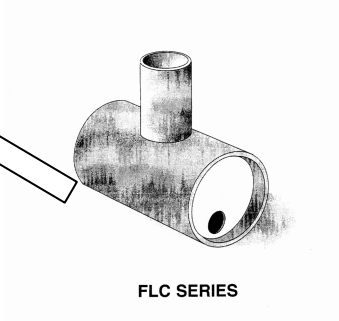
SUBMIT ***ORIGINAL*** *CERTIFICATION FORM TO:*

City of Oak Ridge, Attn: FOG Program, P.O. Box 1, Oak Ridge, TN 37831

MUST COMPLETE ALL INFORMATION

Under the Sink Grease Trap Diagram





FLOW RESTRICTOR (Key component)

RESPONSE COMMENTS (required if "Failed" checked, identify problem, corrective action and provide planned date of corrective action)