Grease Trap Cleaning Log

Business Name:			
Address:			
Telephone:			
Size of Grease	Trap:		
<u>Month</u>	Date of Service	Name of Cleaning Service or Employee	Typical Quantity Method of Disposal
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
I certify that this document was prepared under my direction and supervision. The information submitted is, to the best of my knowledge and belief,			
true, accurate and complete. All records of maintenance and cleaning shall be retained for 5 years. Failure to provide copies of maintenance and cleaning logs during an inpsection by the Selinsgrove Borough Maintenance Department may result in fines or other penalties.			
cleaning logs d	uring an inpsecti	on by the Selinsgrove Borough Maintenance Department may res	uit in tines or other penalties.
Name:			Title:
Signature:			Date: