

NEWBURYPORT HEALTH DEPARTMENT 978-465-4410

System Pumping Record – Grease Traps

Name of Facility: _____ Date of Pumping: _____

Location: _____ Total # of Grease Traps at this location _____

Trap #1 _____
Location of Trap _____

Condition of Pump ☐Good ☐Fair ☐Poor

Should gasket be replaced? ☐Yes ☐No

Gallons Pumped: _____

Liquid Level Depth: _____

*Floating FOG Depth: _____

*Settled Solids Depth: _____

% FOG & Solids: _____

Trap Cleaning

Scrape Sides ☐Yes ☐No

Remove/Scrape Baffles ☐Yes ☐No

Clear Inlet & Outlet ☐Yes ☐No

Leaks Noted ☐Yes ☐No

Replace Baffles ☐Yes ☐No

Rust ☐Lots ☐Some ☐None

Notes: _____

Trap #2 _____
Location of Trap _____

Condition of Pump ☐Good ☐Fair ☐Poor

Should gasket be replaced? ☐Yes ☐No

Gallons Pumped: _____

Liquid Level Depth: _____

*Floating FOG Depth: _____

*Settled Solids Depth: _____

% FOG & Solids: _____

Trap Cleaning

Scrape Sides ☐Yes ☐No

Remove/Scrape Baffles ☐Yes ☐No

Clear Inlet & Outlet ☐Yes ☐No

Leaks Noted ☐Yes ☐No

Replace Baffles ☐Yes ☐No

Rust ☐Lots ☐Some ☐None

Notes: _____

Trap #3 _____
Location of Trap _____

Condition of Pump ☐Good ☐Fair ☐Poor

Should gasket be replaced? ☐Yes ☐No

Gallons Pumped: _____

Liquid Level Depth: _____

*Floating FOG Depth: _____

*Settled Solids Depth: _____

% FOG & Solids: _____

Trap Cleaning

Scrape Sides ☐Yes ☐No

Remove/Scrape Baffles ☐Yes ☐No

Clear Inlet & Outlet ☐Yes ☐No

Leaks Noted ☐Yes ☐No

Replace Baffles ☐Yes ☐No

Rust ☐Lots ☐Some ☐None

Notes: _____

Name of Hauling Company: _____

Company/Location where contents will be disposed: _____

System Pumped By: _____ License # _____

**FOG & Solids should always be less than 25% of the Liquid Level in order to reduce the risk of drain emergencies*

Pumping Records must be submitted by the Grease Hauler to the Health Department within 14 days of pumping