

City of Moberly, Missouri

Department of Public Utilities Grease Trap Inspection Report

Facility ID

Name: _____

Address: _____

City _____

State _____

ZIP _____

Phone _____

Contact Person: _____

Phone: _____

Inspector ID

Name: _____

Address: _____

City _____

State _____

ZIP _____

Phone _____

Location of Grease Trap: _____

Size

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Age of Grease Trap

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Condition

Good	Fair	Poor	Failing
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Gallons of Grease Removed
for Inspection: _____

Date: _____

Date of Last Cleaning, Prior
to Inspection: _____

I hereby certify that the above information is true and accurate and that I have personal knowledge of the status and condition of this facility.

Signature of Inspector

Date: