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Grease Interceptor Cleaning Record Verification Form

Facility Name: _____

Address: _____

Service Company: _____

Date	Cleaned By	Witnessed By	Gallons Pumped	Grease Disposal Site	Comments

This form must be posted and available for inspection by
Onondaga County Plumbing Control
or
Onondaga County Food Control Section

Any questions, Contact John Williams @ 435-6614

ONONDAGA COUNTY WATER ENVIRONMENT PROTECTION FOOD SERVICE ESTABLISHMENT PLUMBING INSPECTION CHECKLIST

Name/Location of Establishment _____

New Establishment Change of Ownership Same Owner Remodel

Which of the following are present:

	Yes	No		
Existing grease manhole	<input type="checkbox"/>	<input type="checkbox"/>		
			Grease Traps Provided	
			Yes	No
Three bay sink with coved corners (size _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand wash sink (size _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mop sink (size _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Tray (size _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Drains in (use _____) Kitchen Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(use _____)				
(use _____)				
Vegetable sink - Indirect Yes <input type="checkbox"/> No <input type="checkbox"/> Size _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher (commercial) GPM (model # _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre Rinse (trap size _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper well (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wok type stove (number and size of woks _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type pot sink (size _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any Grease Traps

<u>Make/Model</u>	<u>External Flow Control?</u>	<u>Size</u>	<u>Fixtures Served</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Establishment _____

Yes No

Ice Machine

Indirect?

Top Drain Separate?

Does hand sink have single lever faucet?

Bar area

Three bay sink with coved corners at bar

Are ice bins indirect and properly separated

Are glass wash sink indirect and properly separated

Hot and cold running water to all fixtures

Seating available (interior/exterior) No. Interior _____
No. Exterior _____

Toilet room(s) accessible to the public
of Toilet Rooms _____

List any other plumbing deficiencies _____

Inspected by: _____

Date: _____

Received by: _____

Yes No

Grease Interceptor Application Forms Left