

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

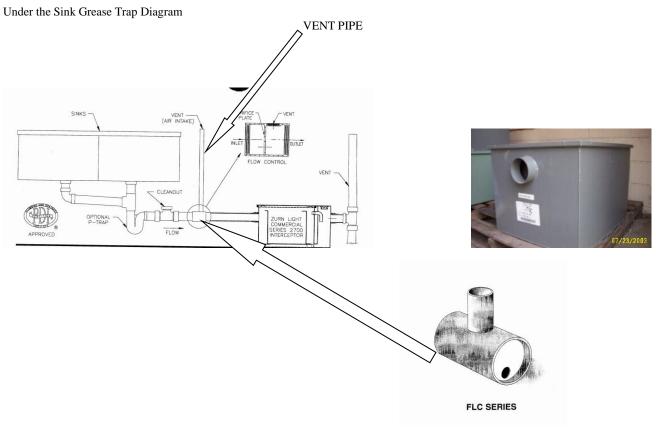
## **GREASE TRAP CERTIFICATION** (Form B)

Every food service establishment in the Metro Nashville Department of Water & Sewerage Services' area must have their grease trap (underthe-sink units) certified annually, as required by their FOG Permit, to verify that all components of the grease control equipment are present and in good working condition.

Facility Name:Phone		#:	
Address:City:	,TN.	Zip Code_	
		<u>PASS</u>	FAIL*
. Grease trap completely emptied and cleaned before inspection?			
. There is access to all trap chambers for cleaning?			
. Flow restrictor device is installed (before grease trap or at grease	rap inlet)?		
Flow restrictor device installation is correct (proper flow direction	and orientation)?		
. Grease trap is vented (vent on flow restrictor)?			
. Grease trap has NO visible holes or leaks?			
. Baffle(s) (inlet, middle and outletdepending on design) are secu	re and operational?		
. Automatic or machine dishwasher is <u>NOT</u> connected to the grease			
. No Sewer clean-out covers missing or damaged?			
* IMPORTANT REQUIRED INFORMATION & RESPONSE questions is "Fail", the equipment has failed certification. A staken, with date to be completed, needs to be provided on attack	atement of the plar ned sheet under "Ro	of action	
Comments" (attach additional sheets to explain corrective actio			
reporter Cartification - This grasse tran has $\Box PASSED$	□ FΔII FD cor	tification	
<u> </u>	□ FAILED cer	tification.	
of			
	(print company n	ame)	d capacit
ofofofof	(print company n	ame)	d capacit
	(print company n minute / nformation.	ame)	d capacit
certify that the above listed facility has a gallons per grease trap. I have examined the grease trap and provided the above in the signature) (date)    Gacility Owner/Manager Certification   (date)   (d	(print company nminute /nformation.  (phone number)	ame) <b>poun</b>	
of	(print company nminute /nformation.  (phone number)	ame) <b>poun</b>	

SUBMIT **ORIGINAL** CERTIFICATION FORM TO:

Metro Water Services, FOG Control Program, 1360 County Hospital Road, Nashville, TN 37218



FLOW RESTRICTOR (Key component)

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