

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 Age of Grease Trap

Condition Good Fair Poor Failing

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:
-------------------------------	--	--------------