



TOWNSHIP OF MOUNT OLIVE

DEPARTMENT OF HEALTH



Public Health
Prevent. Promote. Protect.

Grease Trap Maintenance Program Log Sheet

	DATE CLEANED	PIC REVIEW (Sign and Date)	DATE AND VOLUME OF CONTENT REMOVED (in gallons)	WASTE HAULER (company name, address and contact number)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				