

GREASE INTERCEPTOR CERTIFICATION (Form A) Morristown Utilities Systems

Every food service establishment in the Morristown Utilities Systems service area must have their grease interceptor <u>certified annually</u> to verify that all components of the grease control equipment are present and in good working condition. Furthermore, the certification will identify any structural problems with the grease interceptor. The completed <u>original</u> form must be submitted to: MUS Turkey Creek WWTP, Attn: Pretreatment Coordinator, 1722 Tyler Road, Morristown, TN 37814.

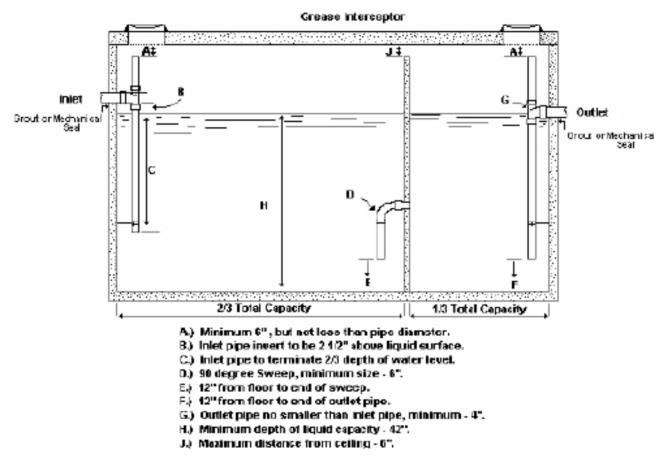
Facility Name:			Phone #:					
Physical Ad	ddress:							
,	Street		City	State	Zip			
1.	Interceptor completely emptied and c	cleaned before insp	ection?			PASS	FAIL	
2.	There is access to all interceptor chambers for cleaning and inspections?							
3.	nfluent (inlet) T is attached and extends downward at least 2/3 depth of tank?							
4.	Effluent (outlet) T is attached and exte	ent (outlet) T is attached and extends downward to within 12" of tank bottom?						
5.	Effluent (outlet) T is made of non-collapsible material that does not easily flex or bend i.e. minimum schedule 40 PVC, etc.) and is secure, not allowing fats, oils or grease to escape around edges?							
6.	Interceptor tank does not have visible	holes or leaks?						
7.	Mid-wall baffle(s) is secure and operate	tional?						
8.	Interceptor maintaining structural inte	egrity?						
9.	No sewer clean-out covers missing or	damaged?						
the equipo completed corrective	TREQUIRED INFORMATION & RESIDENT MENT has failed certification. A stable by, must be provided, legibly, on the action, is necessary): Certification: This grease interceptor	atement of the ne reverse side of	plan of action this form. (atta	to be tal ach additio	ken, wi	th date	to be	
	J							
ı,	print name of inspector)	, of	(print name of com	 pany)				
-	at the above listed facility has an ap the interceptor and provided the ab		gallo	n capacit	y interd	eptor.	I have	
	(signature)	(dat	e)		(phone r	umber)		
I,	(print name and title)		certify to the be	est of my l	knowle	dge the	above	
statement	ts to be true and correct.							

(signature)

(date)



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RERSPONSE COMMENTS (required if grease interceptor FAILED certification):

Corrective Plan of Action to be completed by: _

Problem Identified:		
Corrective Plan of Action:		

(date)