



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

GREASE TRAP CERTIFICATION (Form B)
Morristown Utilities Systems

Every food service establishment in the Morristown Utilities Systems service area must have their grease trap (under-the-sink units) certified annually 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 original form must be submitted to: MUS Turkey Creek WWTP, Attn: Pretreatment Coordinator, 1722 Tyler Road, Morristown, TN 37814.

Facility Name: Phone #:

Physical Address: Street City State Zip

- 1. Grease trap completely emptied and cleaned before inspection? PASS FAIL
2. There is access to all trap chambers for cleaning and inspections? PASS FAIL
3. Flow restrictor device is installed (before grease trap or at grease trap inlet)? PASS FAIL
4. Flow restrictor device installation is correct (proper flow direction and orientation)? PASS FAIL
5. Grease trap is vented (vent on flow restrictor)? PASS FAIL
6. Grease trap has NO visible holes or leaks? PASS FAIL
7. Baffle(s) (inlet, middle and outlet ...depending on design) are secure and operational? PASS FAIL
8. Automatic or machine dishwasher is NOT connected to the grease trap? PASS FAIL
9. No sewer clean-out covers missing or damaged? PASS FAIL

IMPORTANT REQUIRED INFORMATION & RESPONSE: If the answer to any of the above questions is "Fail", the equipment has failed certification. A statement of the plan of action to be taken, with date to be completed by, must be provided, legibly, on the reverse side of this form. (attach additional sheets to explain corrective action, is necessary):

Inspector Certification: This grease trap has PASSED FAILED certification.

I, (print name of inspector), of (print name of company),

Certify that the above listed facility has a gallon per minute / pound capacity grease trap. I have examined the grease trap and provided the above information.

(signature) (date) (phone number)

I, (print name and title), certify to the best of my knowledge the above statements to be true and correct.

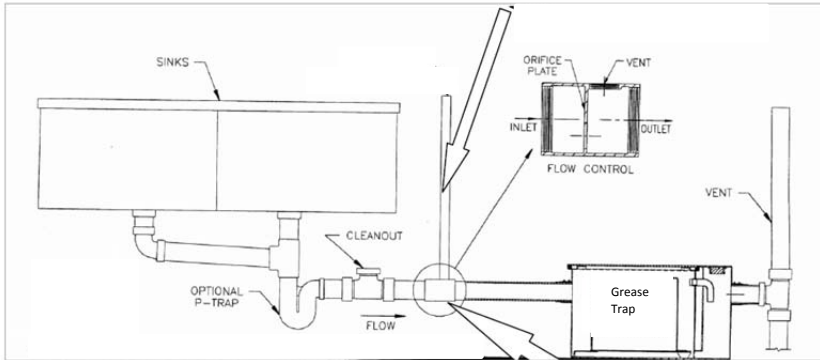
(signature) (date)



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VENT PIPE



FLC SERIES

FLOW RESRICTOR
(Key component)

RERESPONSE COMMENTS (required if grease trap FAILED certification):

Problem Identified:

Corrective Plan of Action:

Corrective Plan of Action to be completed by: _____
(date)