



UC Annual Grease Interceptor Certification Checklist

2150 Universal City Blvd, Universal City TX 78148 health@uctx.gov 210-619-0727

Regardless of the size of the grease trap, this form and date-stamped photos (all inlet and outlet fittings, internal baffles, walls, floor and all other internal structures) must be submitted to the Health Official prior to September 30 of each year. This form must be completed by a licensed Plumber or a Qualified Inspector upon completion of an annual Grease Trap inspection anytime within the fiscal year which begins in October and ends in September.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the interceptor completely clean and the entire contents removed during service?
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Are the Sanitary "T's" on the inlet and outlet sides of the interceptor compartments clogged, loose, or damaged?
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Are all baffles secure and in place?
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Does the interceptor have cracks or defects (walls and floor)?
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Was the interceptor sample box or clean out (if equipped) opened and cleaned?
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Were the manhole covers securely and properly seated after completion of cleaning?
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Are the storm drains protected from fats, oils and/or grease? (Only rainwater belongs in the storm drain system)
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Are the records of interceptor cleaning on location and updated?
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Are the date-stamped photo documentation of all inlets and outlet fittings, internal baffles, walls, floor and all other internal structures attached to this document?
Comments:		

I certify under penalty of law that this document and was prepared under my direction or supervision in accordance with system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware of penalties for submitting false information, including fines.

Food Establishment Name: _____ Permit No: _____

Address: _____ Interceptor Inspection Date: _____

Plumbing/Qualified Professional Name & License #: _____

Business Name, Address and Phone #: _____

*****Deficiencies must be corrected on or before next scheduled pump out.**

Official Use Only: Date deficiencies were corrected: _____