



GREASE TRAP CERTIFICATION (Form B)

Louisville and Jefferson County Metropolitan Sewer District is requiring that this grease trap certification be completed due to either identification of grease discharge or the inability to determine compliance. Have a MSD CERTIFIED grease waste hauler or plumber complete this grease trap certification to verify that all components of the grease control equipment are present and in good working condition.

Facility Name: _____ Phone #: _____

Address: _____ City: _____, KY. Zip Code _____

	<u>PASS</u>	<u>FAIL*</u>
1. Is the total accumulation of surface FOG (including floating solids) and settled solids <u>above</u> 25% of the grease trap's overall liquid depth?	<input type="checkbox"/>	<input type="checkbox"/>
2. There is access to all trap chambers for cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
3. Flow restrictor device is installed (before grease trap or at grease trap inlet)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Flow restrictor device installation is correct (proper flow direction and orientation)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Grease trap is vented (vent on flow restrictor)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Grease trap has NO visible holes or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
7. Baffle(s) (inlet, middle and outlet...depending on design) are secure and operational?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is automatic or machine dishwasher OR pre-rinse connected to the grease trap? NO <input type="checkbox"/> YES <input type="checkbox"/>		
9. Are Sewer clean-out covers missing or damaged (rubber seals/gaskets damaged)?	<input type="checkbox"/>	<input type="checkbox"/>

*** IMPORTANT REQUIRED INFORMATION & RESPONSE:** If the answer to any of the above questions is "Fail", the equipment has failed certification. Use the area called "Response Comments" to explain in detail what corrective action will be taken.

Inspector Certification - This grease trap has PASSED FAILED certification.

I _____ of _____
(print name of inspector) *(print company name)*

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

(signature) *(date)* *(phone number)*

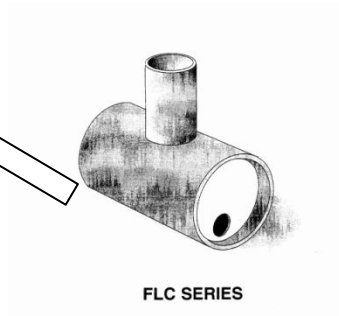
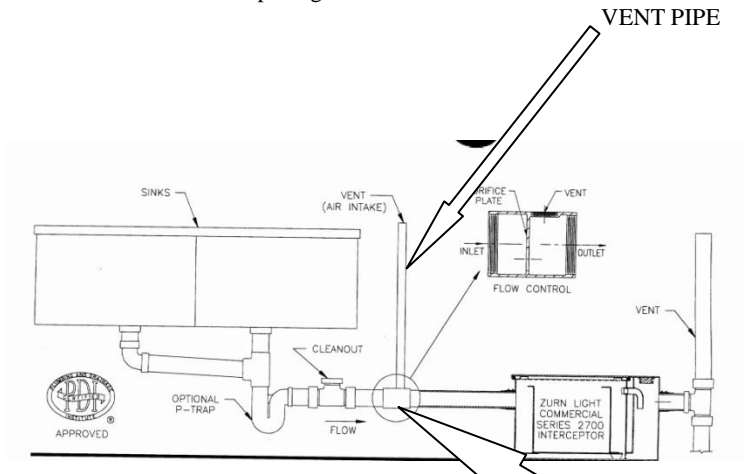
Facility Owner/Manager Certification

I _____ certify to the best of my knowledge the above
(print name)

statements to be true and correct. _____
(signature) *(date)*

SUBMIT ORIGINAL CERTIFICATION FORM TO:
Louisville and Jefferson County MSD, FOG Program, 700 West Liberty St, Louisville, KY 40203-1913

Under the Sink Grease Trap Diagram



FLC SERIES
FLOW RESTRICTOR (Key component)

RESPONSE COMMENTS (required if “Fail” checked, identify problem, corrective action and provide planned date of corrective action)
