FOG Program
Food Service Inspection Checklist

Inspector Name: _____ Date: _____
Type of Inspection: _____ Time: _____

General Food Service Establishment Information

Facility Name: _____ Food Service Type: _____
Facility Address: _____ Food Type Served: _____
Facility Owner: _____ Hours of Operation: _____
Facility Manager: _____ # of Meals / Day: _____
Facility Phone #: _____ Number of Seats: _____

Grease Interceptor Type: ☐ Hydromechanical ☐ Gravity

of Units: _____ Size: _____ Gallons / Lbs.
Location: _____ Access Type: _____

Cleaning Frequency

Are records available / up-to-date?	☐ YES	☐ NO	☐ N/A
Is minimum frequency of cleanings kept up-to-date?	☐ YES	☐ NO	☐ N/A

Last Maintenance Day: _____ How much taken out? _____ Gallons
Disposal Location: _____

Grease Interceptor Maintenance

Condition: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Measurements

Total Liquid Depth: _____ In. Total FOG: _____ In. Total Solids: _____ In.

Free of Debris / Garbage:	☐ YES	☐ NO	☐ N/A
Baffle Wall Secure:	☐ YES	☐ NO	☐ N/A
Free of Cracks or Defects:	☐ YES	☐ NO	☐ N/A
Outlet Tee:	☐ YES	☐ NO	☐ N/A
Sample Taken:	☐ YES	☐ NO	☐ N/A

If so, from where? _____

Kitchen Equipment / Devices

Chemicals in Use:	☐ YES	☐ NO	☐ N/A
Dishwasher in Use:	☐ YES	☐ NO	☐ N/A
Garbage Disposal in Use:	☐ YES	☐ NO	☐ N/A
Attached to Grease Interceptor:	☐ YES	☐ NO	☐ N/A

Additional Comments: _____

FOG Inspector Signature: _____ Date: _____

For.further.information.on.proper.management.o.foil.and.grease.from.your.food.service.operations?contact.the.City.of.Claremore.at.([redacted].907_6[redacted]x8[redacted]
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