



**Town of Provincetown
Board of Health
Grease Trap Inspection Form**

A. Business Information

Address: _____

Business Name: _____

Property

Owner: _____

Phone: _____

Email: _____

Mailing Address: _____

Business Owner/

Manager: _____

Phone: _____

Email: _____

Mailing Address: _____

Operating schedule: Year Round ____ / Seasonal ____

If seasonal, what are the approximate dates of operation? _____

Hours of operation: _____

Restaurant Type: Counter Service or Fast Food ____ / Full Service ____

Number of seats: Indoor: _____ Outdoor: _____

Typical cuisine (Attach typical menu): _____

B. Kitchen Information

Does the kitchen have a dishwashing machine? Yes ____ No ____

If yes, what is the washing temperature/length of time? _____

If yes, what is the sanitizing temperature/length of time? _____

Does the kitchen have cooking oil recycling? Yes ____ No ____

Available storage volume: _____

Typical recycling schedule: _____

What type of plumbing fixtures, and how many of each, does the kitchen have?

<u>Type</u>	<u>Quantity</u>
_____	_____
_____	_____



**Town of Provincetown
Board of Health
Grease Trap Inspection Form**

_____	_____
_____	_____
_____	_____

Garbage disposal? Yes ____ No ____

Quantity: _____

How many floor drains does the kitchen have? _____ (Show locations on kitchen sketch)

Kitchen Layout Sketch



**Town of Provincetown
Board of Health
Grease Trap Inspection Form**

C. Interior Grease Trap Information

Please complete if the facility has any interior grease trap(s).

Make: _____

Model: _____

If possible, attach catalog cut sheet. Enclosed? Yes ____ No ____

Size/Capacity: _____

How is grease buildup monitored? _____

Cleaning frequency: _____

Disposal method: _____

Make: _____

Model: _____

If possible, attach catalog cut sheet. Enclosed? Yes ____ No ____

Size/Capacity: _____

How is grease buildup monitored? _____

Cleaning frequency: _____

Disposal method: _____

Determine the flow rate of sinks:

1.) Calculate the capacity of the sink in cubic inches (measurement of one compartment), and multiply that total by the number of compartments:

$$\text{_____ (length) x _____ (width) x _____ (depth) x _____ (# Compartments) = _____ cu. in.}$$

2.) Convert the capacity from total cubic inches to gallons per minute (GPM):

$$\text{_____ (cu. in) } \div \text{ 231 = _____ (GPM)}$$

3.) Adjust for displacement (displacement takes into consideration the actual useable capacity of your sink):

$$\text{_____ (GPM) x 0.75 = _____ (GPM) x 2 = _____ Flow Rate Capacity (lbs)}$$

4.) What is your required grease trap size: _____ (GPM) or _____ (lbs)

5.) What is the flow rate of interior grease trap installed = _____ (GPM) or _____ (lbs).



**Town of Provincetown
Board of Health
Grease Trap Inspection Form**

- 6.) Is the grease trap appropriately sized for the sink: Yes ____ No ____
- 7.) Is dishwasher connected to same grease trap as the sinks: Yes ____ No ____
- 8.) If yes, what is the flow rate of the dishwasher: ____ (GPM)

D. Exterior Grease Trap Information

Please complete if the facility has an exterior grease trap.

Installation date: _____

New or reused tank? New ____ / Reused ____

Original tank installation date: _____

Date modified: _____

Tank capacity (gallons): _____

Tank size: Length _____ Width _____ Depth _____

Influent tee present? Yes ____ No ____

Effluent tee present? Yes ____ No ____

Baffles present? Yes ____ No ____

Using Massachusetts Uniform State Plumbing Code (248 CMR Section 10.00) what capacity grease trap is required (attach calculations): ____ (Gal)

Number of covers/access ports: _____

Where are the covers/access ports located? _____

Are they easily accessible? Yes ____ No ____

Provide a site plan and section of the grease trap (Attach additional pages as necessary).
At a minimum, include the following information:

- **Site features (building, decking, trees, etc.)**
- **Access/monitoring port locations**
- **All pipes entering and leaving the tank, including pipe sizes, invert depth and materials**
- **Indicate presence and location of influent and effluent tees and baffles, including depth**



**Town of Provincetown
Board of Health
Grease Trap Inspection Form**

Site Plan

Section View



**Town of Provincetown
Board of Health
Grease Trap Inspection Form**

E. Grease Trap Service Schedule Information

Grease monitor installed? Yes ____ No ____

Make and model: _____

How is it determined that pumping of grease trap is required? _____

Visual? grease trap inspection schedule: _____

_____ Grease trap pumping contractor:

Name: _____

Address: _____

Phone: _____

Email: _____

Attach pumping records for previous 18 months.

CERTIFICATION

In your professional opinion is the existing grease trap adequately sized, maintained, and located on site to handle the required flow: Yes ____ No ____

If (No), please explain:

Prepared in accordance with Article 5, Section IV of the Provincetown Board of Health regulations.

Prepared By: _____

MA Professional Engineer License No: _____

Master Plumber License No. _____

Signature: _____

Date: _____