

**Town of Cary**  
**Fats, Oils, and Grease Control Ordinance (Sec 36-183)**  
**Food Service Establishment (FSE)**  
**Grease Interceptor Service Record**  
**Optional Use\***

**FSE Name:** \_\_\_\_\_

**FSE Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Grease Interceptor Service Company Name:** \_\_\_\_\_

**Service Company Operator/Driver Name:** \_\_\_\_\_

<b>Grease Interceptor (GI)**</b>			
Service Date:			
Service Time:		AM / PM (circle one)	
GI Size:		Gallons (total wetted volume)	
GI Location:			
	Compartment #1	Compartment #2	Compartment #3
<b>Grease</b>	inches	inches	inches
<b>Solids</b>	inches	inches	inches
Total Waste Removed (gallons):			
Disposal Location:			
Established (contracted) Service Frequency:			
Comments:			

\*\* Complete a separate form for each grease interceptor serviced

**FSE Personnel Confirming Adequate Service:**

(Name) \_\_\_\_\_, (Title) \_\_\_\_\_

(Signature) \_\_\_\_\_, (Date) \_\_\_\_\_, (Time) \_\_\_\_\_ AM / PM

Note: Signature required if GI is serviced during hours of FSE operation

\* Alternative service record forms may be used if all of the required information detailed above is contained therein