

## **FOG Program Food Service Inspection Checklist**

General Food Service Establishment Information   Type of Food Service Operation:   Facility Address:   Type of Food Served:   Facility Address:   Type of Food Served:   Facility Owner:   Hours of Operation:   Facility Manager:   Number of meals served/day:   Facility Manager:   Number of Seats:   Number of Seats:	Name of Inspector: Type of Inspection:					Date: Time:		
Facility Owner: Facility Manager: Number of meals served/day: Facility Phone Number:    Number of Seats:		ood Service E				peration:		
Facility Manager:  Facility Phone Number:  Number of Seats:    Grease Interceptor - Type: Hydromechanical / Gravity	Facility Address:		٦	ype of Food	Served:			
Facility Phone Number:    Grease Interceptor - Type: Hydromechanical / Gravity	Facility Owner:		ŀ	lours of Ope	eration:			
Number of units:   Size:gallons / lbs	Facility Manager:	Number of meals served/day:						
Number of units:  Location:  Access Type:  Cleaning Frequency: Are records available/up-to-date?  Are records available/up-to-date?  Is minimum frequency of cleanings kept up to date?  How much is taken out?	Facility Phone Number:			Number of Seats:				
Number of units:  Location:  Access Type:  Cleaning Frequency: Are records available/up-to-date?  Are records available/up-to-date?  Is minimum frequency of cleanings kept up to date?  How much is taken out?	Grease Interceptor -Type: Hydromechanical / Gravity							
Cleaning Frequency: Are records available/up-to-date?  Are records available/up-to-date?  Are records available/up-to-date?  YES NO N/A  It swintenance Day:		., <u></u> ,	-		-	/ lbs		
Cleaning Frequency:  Are records available/up-to-date?  Are records available/up-to-date?  Is minimum frequency of cleanings kept up to date?  How much is taken out?					_			
How much is taken out?gallons	Cleaning Frequency: Are records available/up-to-date?			YE	S			
Grease Interceptor Maintenance - Condition: Poor / Fair / Good / Excellent  Measurements:  Total Liquid Depth (in.) - Total FOG (in.) - Total Solids (in.) -  Free of Debris or 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  Attached to grease interceptor:  Additional Comments:	Last Maintenance Day:							
Measurements:     Total Liquid Depth (in.) –     Total FOG (in.) –     Total Solids (in.) – Free of Debris or 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:  Additional Comments:	How much is taken out?	gallons	Dis	posal Locati	on:			
Total Solids (in.) –  Free of Debris or 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:  Additional Comments:	Measurements:	<u>aintenance </u> –	Cond	<b>tion:</b> Poor / F	Fair / Good /	/ Excellent		
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Outlet Tee:  YES NO N/A  YES NO N/A  If so, from where?  Kitchen Equipment/Devices  YES NO N/A  Dishwasher in use:  YES NO N/A  Garbage disposal in use:  YES NO N/A  Attached to grease interceptor:  Additional Comments:								
Sample taken:  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:  Additional Comments:	Free of Cracks or Defects:		NO	N/A	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:  Additional Comments:	Outlet Tee :	YES	NO	N/A	A			
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Dishwasher in use: YES NO N/A Garbage disposal in use: YES NO N/A Attached to grease interceptor:  Additional Comments:		Kitchen Equi	<u>ipmer</u>	t/Devices				
Garbage disposal in use: YES NO N/A Attached to grease interceptor:  Additional Comments:								
Attached to grease interceptor:  Additional Comments:								
Additional Comments:	<u> </u>	YES	NO	N/A	Ą			
	This could be ground into copies.							
	Additional Comments:							
FOG Inspector Signature: Date: Date: Date: Date: For further information on proper management of oil and grease from your food service operations,	FOG Inspector Signature: For further information on proper	management o	of oil a	nd grease fro	m your food	Date:	ations.	