



Town of Foxborough Board of Health

40 South Street
Foxborough, MA 02035
Phone: (508) 543-1207 - Fax: (508) 543-6278

Fats, Oils and Grease (FOG) Grease Trap Service Report

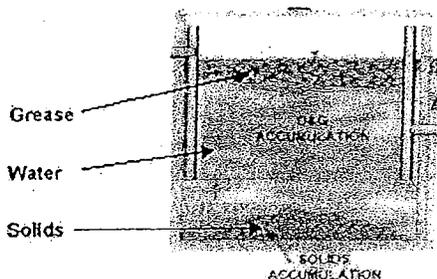
1. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Haulers Manifest Number: _____

3. Trap Measurements (25% Rule):



$$\boxed{} + \boxed{} = \boxed{} \quad (M)$$

Depth of Grease Depth of Solids Total

$$\boxed{} \times 0.25 = \boxed{} \quad (P)$$

Depth of Trap 25%

If M is greater than P. Trap must be pumped out.

4. Service Method:

- A. Full pump out _____ (FOG and solids layers are at 25% of the volume.)
- B. No pump out required _____ (FOG and solids are less than 25% of the volume.)
- C. Skimmed removing all surface FOG _____ (Optional - only if solids are less than 25% of the volume.)

5. Gallons Removed and Transported: _____

6. Grease Trap Condition:

- A. Fully functional and in good condition _____
- B. In need of repair _____ (type of repairs needed list and describe below)

Repaires: _____

Hauler Signature: _____ Date: _____