



FOG Inspection Report for Food Services

Napa Sanitation District 1515 Soscol Ferry Road, Napa CA 94559, (707) 258-6000

www.NapaSan.com

Facility Name: _____

Owner of Authorized Person _____

Phone: () _____

Address _____

E-MAIL: _____

City State Zip _____

Inspection Date _____

Inspection Time (Start to Finish) _____

Inspection Type: New Facility Annual Follow up Random

TYPE OF FACILITY

- Fast Food (Carry Out) Restaurant Grocery Bakery
 Deli Meat Market Donut Shop Other _____

Grease Removal System

Type	Interceptor	Trap Manual	Trap Automatic	Other	None	N/A
# of Units						
Size: _____ Gallon						

Depth of Grease: _____ inches Dept of Water: _____ inches Dept of Solids: _____ inches

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Solid Waste Disposal Unit Location (In or Out)? _____ Covered and Bermed? _____ Drain to Sewer? _____

Grease Storage Unit Location (In or Out)? _____ Covered and Bermed? _____ Drain to Sewer? _____

Type : Tallow Bin Drum **Provider:** _____

Maintenance Records

Maintenance Records at Facility: Yes No _____

Cleaning Firm or Hauler: Yes No _____

Date last serviced: Yes No _____

Grease removal on a schedule: Yes No If yes, what schedule? _____

Required Actions/Comments: _____

COMPLIANCE STATUS

CC = Consistent Compliance

NC = Noncompliance

Signature of Inspector _____

Date _____

Signature of Facility Attendant _____

Date _____