

APPENDIX G

SAWS GREASE INTERCEPTOR ANNUAL INSPECTION & CERTIFICATION CHECKLIST

Under Chapter 34 Article 5 Division 5 Sec 34-527(d) of the City Code and Industrial Waste Permit, food processing establishments using a grease interceptor to meet their pretreatment local limits are required to perform an annual inspection of the interceptor. A licensed plumber or other qualified professional approved by the San Antonio Water System must perform the annual inspection. The written report must include photographs of all inlet and outlet fittings, internal baffles, walls, floor and all other internal structures.

**(d) Interceptor inspection. Not less frequently than once per calendar year, each Permittee shall cause a licensed plumber or other qualified professional (approved by SAWS) to inspect each interceptor. After evacuation of the interceptor, the licensed plumber or other qualified professional shall make a visual observation of all portions of the interceptor and shall photograph all inlet and outlet fittings, internal baffles, walls, floor and all other internal structures. The licensed plumber or other qualified professional conducting the inspection shall provide a written report of the inspection to the Permittee that includes the labeled photographs that are required by this section and that provides the name, address and telephone number of the licensed plumber or other qualified professional conducting the inspection, the date of the inspection, and a description of any defects observed during the inspection. All defects shall be corrected by each Permittee within ninety (90) days of each inspection.**

The checklist on page 2 shall be used to complete the inspection. Photographs of the internal structures with correct labeling are required to be attached to the submittal.

The certification below shall be signed and completed by the Authorized Representative for the Industry.

*I certify under penalty of law that this document and was prepared under my direction or supervision in accordance with system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware of penalties for submitting false information, including fines.*

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**Authorized Representative** **Date**

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Facility Name & Address		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Interceptor is completely clean and the entire contents removed during service.
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary "T's" or "Elbows" on the inlet and outlet sides of the interceptor compartments are not clogged, loose, or damaged.
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	All internal baffles are secure and in place.
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Interceptor does not have cracks or defects (or you can see exposed steel in the walls and floor).
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Interceptor sample box or clean out (if equipped) was opened and cleaned.
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Manhole covers are securely and properly seated after completing cleaning.
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Storm drains are protected from fats, oil and/or grease. (Only rainwater belongs in the storm drain system)
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Record of interceptor cleaning is on location and updated.
Comments:		
<input type="checkbox"/>	<input type="checkbox"/>	Photo documentation (that includes proper labeling) of all inlets and outlet fittings, internal baffles, walls, the floor and all other internal structures that reflect the overall condition of the interceptor are attached to this document.
Comments:		

Interceptor Inspection Date: \_\_\_\_\_

Plumbing/Qualified Professional Name & Plumbing License or Qualified Professional #: \_\_\_\_\_

Business Name, Address and Phone # \_\_\_\_\_

Properly labeled photographs of **inlet and outlet fittings, internal baffles, walls, floor and all other internal structures** and pictures of any corrective actions shall be attached to this Appendix. Deficiencies must be corrected on or before the next scheduled pump out (maximum of 90 days).

**Date deficiencies were corrected:** \_\_\_\_\_

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Attach photos of the Grease Interceptor using the format below:

GREASE INTERCEPTOR LOCATION at FACILITY: ATTACH <u>Manholes / Access point</u> PHOTO BELOW Corrective action required? : Date finished

Photos should be as clear as possible. Blurry, completely black, or blank photos in which the structure cannot be clearly seen are unacceptable. If there are multiple Grease Interceptors on the site, an identification number or description should be included. Any deficiency identified will require follow-up photos showing the corrective action.

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GREASE INTERCEPTOR LOCATION at FACILITY:  
ATTACH INLET PIPING PHOTO BELOW  
Corrective action required? :



Photos should be as clear as possible. Blurry, completely black, or blank photos in which the structure cannot be clearly seen are unacceptable. If there are multiple Grease Interceptors on the site, an identification number or description should be included. Any deficiency identified will require follow-up photos showing the corrective action.

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GREASE INTERCEPTOR LOCATION at FACILITY:  
ATTACH OUTLET PIPING PHOTO BELOW  
Corrective action required? :

Photos should be as clear as possible. Blurry, completely black, or blank photos in which the structure cannot be clearly seen are unacceptable. If there are multiple Grease Interceptors on the site, an identification number or description should be included. Any deficiency identified will require follow-up photos showing the corrective action.

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GREASE INTERCEPTOR LOCATION at FACILITY:  
ATTACH INTERNAL BAFFLE WALL / PIPING PHOTO BELOW  
Corrective action required? :



Photos should be as clear as possible. Blurry, completely black, or blank photos in which the structure cannot be clearly seen are unacceptable. If there are multiple Grease Interceptors on the site, an identification number or description should be included. Any deficiency identified will require follow-up photos showing the corrective action.

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GREASE INTERCEPTOR LOCATION at FACILITY:  
ATTACH a representative INTERNAL WALLS PHOTO BELOW  
Corrective action required? :



Photos should be as clear as possible. Blurry, completely black, or blank photos in which the structure cannot be clearly seen are unacceptable. If there are multiple Grease Interceptors on the site, an identification number or description should be included. Any deficiency identified will require follow-up photos showing the corrective action.

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GREASE INTERCEPTOR LOCATION at FACILITY:  
ATTACH INTERNAL CEILING PHOTO BELOW  
Corrective action required? :



Photos should be as clear as possible. Blurry, completely black, or blank photos in which the structure cannot be clearly seen are unacceptable. If there are multiple Grease Interceptors on the site, an identification number or description should be included. Any deficiency identified will require follow-up photos showing the corrective action.



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GREASE INTERCEPTOR LOCATION at FACILITY:  
ATTACH INTERNAL FLOOR PHOTO BELOW  
Corrective action required? :



Photos should be as clear as possible. Blurry, completely black, or blank photos in which the structure cannot be clearly seen are unacceptable. If there are multiple Grease Interceptors on the site, an identification number or description should be included. Any deficiency identified will require follow-up photos showing the corrective action.