



**INITIAL GREASE TRAP INSPECTION FORM**

**\*\*\*Grease traps are not required for facilities that only provide/sell "pre-prepared food". This facility may also be exempt from quarterly reporting if licensed plumber signs off as exempt.**

1. Name and Address of Business		2. Mailing Address of Business (if different)	
3. Phone Number of Business	4. Name of Contact Person at Business	5. Phone number of Contact Person (if different)	

**Initial verification and inspection must be performed by a licensed plumber.  
To be completed by a licensed plumber**

6. Name and Address of Licensed Plumber. Please Print

7. Phone Number of Licensed Plumber

8. Is there currently a properly installed grease trap/interceptor on the premises that meets the requirements of the Uniform Plumbing Code of the State of South Dakota? Please check one.

Yes  No

9. Is this facility exempt from requirements to have a properly installed and functioning grease trap/interceptor under the requirements of the Uniform Plumbing Code of the State of South Dakota? Please Check One.

Yes  No

10. If #8 or #9 is answered NO please indicate schedule for installation of grease trap/interceptor (comments).

11. Location of Grease Trap.

12. Is grease trap access cover located in an easily and readily accessible location for cleaning purposes. Please Check One

Yes  No

If no indicate impediment:

13. Current condition of existing grease trap. (i.e.: full of grease/empty/correctly functioning/not functioning):

14. Does grease trap appear to be maintained properly at time of inspection. Please Check One

Yes  No

15. Additional Comments:

16. Date of Inspection. MM/DD/YYYY

17. Signature of Licensed Plumber

Please Return Completed Form to: City of Madison  
Public Works Department  
116 W. Center St.  
Madison, SD 57042