



TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906



Public Health
Prevent. Promote. Protect.

*Board of Health
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Director of Public Health*

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Grease Trap Verification

Establishment Name: _____

Owner: _____

Address: _____

Contact Name/Title: _____

Phone Number: _____

Internal Grease Trap Size: _____ Date Last cleaned: _____

Internal Grease Trap Size: _____ Date Last cleaned: _____

Internal Grease Trap Size: _____ Date Last cleaned: _____

External Grease Trap Size: _____ Date Last cleaned: _____

Location of External Trap: _____

****If external trap is shared with others, list establishments and address of each connected to the shared Grease trap. Provide the size date last cleaned and location of the exterior grease trap above. Provide Plaza owner contact information on second sheet:**

*(If additional space is needed to list traps, use reverse side)

Grease Trap Service Contractor

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Internal Trap frequency of Pumping: ☐ Monthly ☐ Quarterly ☐ Other _____

External Trap frequency of Pumping: ☐ Monthly ☐ Quarterly ☐ Other _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

****Shared system owner information**

Name (Company): _____

Contact Name: _____

Address: _____

Phone Number: _____

This form must be submitted with your food service application