



Morgan County Health Department  
4275 N St Rt 376 NW  
McConnelsville, OH 43756  
Phone: 740-962-4572  
Fax: 740-962-3271

### Village of McConnelsville Grease Interceptor Inspection Checklist

All grease interceptors shall be inspected annually by a Plumber licensed in the State of Ohio and registered with the Morgan County Health Department. The grease interceptor shall be cleaned prior to the inspection by an independent contractor qualified in cleaning grease interceptors. **The grease interceptor inspection shall occur within 24 hours of cleaning by the independent contractor.** The inspector must return this form to the Health Department along with verification from the independent cleaning contractor that the interceptor was cleaned within five (5) days of completion of the inspection.

Date of Inspection: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_

Please answer the following questions:

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Are the inlet, outlet and baffle piping with two-way Ts present and free of defects?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the baffle wall extend across the full width of the Interceptor and is it free of visible defects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the inlet compartment of the interceptor larger than the Outlet compartment?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the grease interceptor have access points over the Inlet T, outlet T and baffle wall?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Enter the number of manholes associated with the grease Interceptor.                                    |                          | _____                    |

Inspector Comments:

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**Licensed Plumber Certification**

I, \_\_\_\_\_, of \_\_\_\_\_ certify that the I have inspected the grease  
interceptor and certify that the information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Original Signed Certification to:  
Morgan County Health Department  
Attn: Jordan Huck  
4275 N SR 376  
McConnelsville, Ohio 43756**