CITY OF TAMPA
FOOD SERVICE FACILITY PUMP OUT LOG

Food Service Facility Name: ____ ☐Grease Trap ☐Interceptor

Food Service Facility Address: Street: ____

City: ____________________________ ST: _______ ZIP: ___________

Instructions: Use this form to keep accurate pump out logs. Use a 3-hole punch and place inside a 3 ring binder.

Date	Time	Company	Est. Gallons Removed	Defects	Comments