

# The University of Texas at Austin Yellow Grease Tank (Food Grease) Monthly Inspection Report

- Instructions:**
1. Use one inspection form per tank or area.
  2. Send completed inspection report to EHS Environmental Programs at [EHS-Environmentalops@austin.utexas.edu](mailto:EHS-Environmentalops@austin.utexas.edu)
  3. A “No” response indicates follow-up action is required.

Serial #/Building: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 Responsible Department: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Signature \*: \_\_\_\_\_

- |  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. There is NO evidence of leakage, spillage or overflow around the tank?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There are NO open covers?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There is NO debris piled up around the tank preventing easy access?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Secondary containment is free of liquids?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Secondary containment valve is closed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Number of floor drains in grease/tank area _____<br>(if present, note location) _____ |                          |                          |                          |

- |   | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>OTHER</b>  |                          |                          |                          |
| 1. There is a Spill Kit stocked and present?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There have been NO changes to the generator capacity?<br>(i.e., removed or replaced) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**COMMENTS**

Item #	Description of Follow-up Action Required	Date Completed

*\*By signing this form I certify that I have completed the inspection and the observations recorded are true and accurate to the best of my knowledge.*