



**City of Dothan, Alabama**  
 PO Box 2128 Dothan, AL 36302  
 HGI Yearly Certification (Form B)

This form is to be completed by a "city certified" grease waste hauler or plumber

*Every food service establishment in Dothan, Alabama, must have their hydro-mechanical grease interceptor (HGI) certified annually to verify that all components of the grease control equipment are present and in good working condition.*

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Dothan, AL \_\_\_\_\_

Establishment Phone: \_\_\_\_\_ FSE Contact: \_\_\_\_\_

Inspection Criteria: Manufacturer/Model # _____ <span style="margin-left: 150px;"><i>(if available)</i></span>	Yes	No <sup>1</sup>	N/A
1. HGI completely emptied and cleaned before inspection? <span style="float: right; background-color: yellow;">_____ % FOG and Solids</span>			V O I D
2. Access to all chambers is available for monthly cleanings?			
3. Flow control device is installed and visible on the inlet side of the trap?			
4. Flow control device orientation is correct?			
5. HGIs flow control device is sufficiently vented?			
6. HGI has no visible holes or leaks and shows no significant signs of deterioration?			
7. The baffle is secure and operational?			
8. HGI is directly connected to city sewer (no air gaps)?			
9. Clean out covers are not missing , damaged, or grated? If not present, enter N/A.			

*Footnotes: 1. If the answer to any question is "no" (excluding number 3), then the grease control equipment has failed the annual certification process. Please indicate below what corrective action(s) will need to be made and indicate an approximate date the correction(s) are expected to be completed. Attach additional pages if needed.*

**Corrective Action Plan:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Expected completion date:** \_\_\_\_\_

**I, \_\_\_\_\_, have made a visual inspection of the HGI at the above establishment and determined it to have a flow rate of \_\_\_\_\_ gallons per minute. I attest that the information provided is true and accurate and understand that falsification of this record can result in removal from the City of Dothan's certified list of contractors.**

Inspector Signature: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

FSE Signature: \_\_\_\_\_ Date: \_\_\_\_\_