

GREASE TRAP SIZING CALCULATION

DATE:

NAME OF FOOD SERVICE ESTABLISHMENT:

Fixture To Be Protected	Dimensions (Inches)			Volume		Actual Drain Load	Flow Rate GPM	
	Length	Width	Depth	Cubic Inches	Gallons		1 minute	2 minute
3 Compartment Sink	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	0.00	0.00	0.00	0.00

Proposed Unit:

GPM Rating

Unit is Sized to protect ____, _____ with a ____ minute drain time. An appropriate flow control device must be installed to provide for the drain time as specified.

This approval is for the sizing of the FOG unit only. Installation must comply with all applicable State and Local codes.

SIZING OF FOG DEVICE APPROVED BY THE CITY OF SALISBURY

SIGNATURE