



COLORADO DEPARTMENT of PUBLIC HEALTH ENVIRONMENT
Hazardous Materials and Waste Management Division
SOLID WASTE DISPOSAL SITE AND FACILITY INSPECTION

Time In: _____

Time Out: _____

Facility Name: _____

Inspection Date: _____

Inspector(s): _____

Waste Grease Facility

Functional Category	Requirement Description	N/I	N/A	Citation	Violation Y/N/P	Note Reference
Closure/Post-closure	Closure Requirements			18.4.6		
Fees	Annual Registration Fee			18.4.9		
Financial Assurance	Financial Assurance			18.4.7		
General Provisions	General Provisions			18.4.1		
Manifest	Manifest Requirements			18.4.4		
Operating Requirements	Waste Grease Facility Standards			18.4.5		
Registration	Registration			18.4.2		
	Waste Grease Facility Decal			18.4.3		
Reporting	Annual Report			18.4.8		

Waste Grease Facility

Note/Regulation Reference #	Comments and Deficiency Requests	Request Date	RTC Date
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