



CITY OF FERNDALE
FATS, OILS, AND GREASE CONTROL PROGRAM



FOOD SERVICE ESTABLISHMENT
FOG CONTROL PLAN

Name of Facility											
Name of Owner		Phone									
Name of Manager		Phone									
Mailing Address		Email									
Account Number: From water/sewer bill. May be obtained from landlord if landlord pays the water bill.			<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								
Customer Service Address: From water/sewer bill. May be obtained from landlord if landlord pays the water bill)											
Landlord/Property Manager Name and Phone											

Type of Facility										
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop			
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Convenience Store			
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Grocery Store					
Seating Capacity		Hours of Operation:		Sun	Mon	Tue	Wed	Thu	Fri	Sat
Number of Employees										

Operational Characteristics (list you establishment's food preparation activities)							
<input type="checkbox"/>	Baking	<input type="checkbox"/>	Grilling	<input type="checkbox"/>	Frying	<input type="checkbox"/>	Vegetable Prep
<input type="checkbox"/>	Other (please describe):						

Types of Fixtures (list quantity of each)							
	Deep Fryers		3-compartment sinks		Tilt Kettles		Wok Ranges
	Grills		2-compartment sinks		Garbage Grinders		Pre-wash sinks
	Ovens		1-compartment sinks		Dishwashers		Mop sinks
	Rotisserie		Hot Dog Roller				

Types of Grease Abatement (check all that apply)		Quantity	Serviced By	
<input type="checkbox"/>	Outside Volume Based Interceptor		Name of Pumper/Hauler:	
<input type="checkbox"/>	Passive (Manual) Grease Trap		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name:
<input type="checkbox"/>	Mechanical Grease Removal Device		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name:
<input type="checkbox"/>	Unknown/ Other: _____		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name:

Name of Waste Fryer/Vegetable Oil Hauler	Gallons of Waste Fryer/Vegetable Oil Picked Up by Hauler	Frequency of Pick up

I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information and belief, that the contents of this application are true, accurate and complete.

Owner/Authorized Representative (print):	Title:
Signature:	Date:

Best Management Practices

Check each of these Best Management Practices you and your staff actively use to prevent FOG discharge to the sanitary sewer system.

<input type="checkbox"/> Train kitchen staff in FOG reduction techniques	<input type="checkbox"/> Dry wipe or scrape pots, pans and dishware prior to washing
<input type="checkbox"/> Post "no Grease" signs above sinks	<input type="checkbox"/> Water temperature less than 140° F
<input type="checkbox"/> Collect waste fryer grease, grill grease, and cooking oils for recycling	<input type="checkbox"/> Proper food waste disposal (in trash not down drain)
<input type="checkbox"/> Installation of grease trap or grease interceptor	<input type="checkbox"/> Scrape and sweep up spills before using water for clean up
<input type="checkbox"/> Greased covered and stored away from drains	<input type="checkbox"/> Routine cleaning of kitchen exhaust system filters (done in sink connected to grease retention device or professionally cleaned)
<input type="checkbox"/> Drain screens installed on all drains	<input type="checkbox"/> Eliminate garbage grinders
<input type="checkbox"/> Skim or filter fryer grease daily and change the oil only when necessary	<input type="checkbox"/> Mop water and mat cleaning water discharged to the sanitary sewer
<input type="checkbox"/> Other:	

Waste Discharge Information (identify how the following products are disposed of)

	Sewer	Trash	Recycle
Solid Wastes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil & Grease:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Wastes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pretreatment

Do you currently have a grease interceptor/trap installed? **YES** **NO**

If "YES", please continue the questionnaire, sign, date, and return it. If "NO", skip to item 10.

*A grease interceptor is a large underground device designed to remove fat, oil, and grease from your kitchen wastewater. A grease trap is a small, yet similar device located under the sink. These are both different from a grease-recycling bin.

1. What is the size (in gallons) of the device?

2. Where is the device located?

3. Is the device adequate and functioning as designed? **YES** **NO**

If "NO", please explain:

4. Which of the following fixtures are connected to your device? (please indicate the quantity of each)

	Grill		Tilt Kettle/Crock Pot
	Oven		Garbage Disposal
	Dishwasher		3 Bay Pot Sink
	Pre-rinse Sink		2 Bay Pot Sink
	Mop Sink		Single Bay Sink
	Deep Fryer		Hand Sink
	Floor Drains		Other-specify:

5. How often is the device inspected or serviced?

6. When was the device last serviced?

11. Please sketch the layout of your kitchen, including equipment and drain locations.



