



**CITY OF FERNDALE**  
**FATS, OILS, AND GREASE CONTROL PROGRAM**



**FOOD SERVICE ESTABLISHMENT**  
**FOG CONTROL PLAN**

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

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					
<b>Seating Capacity</b>		<b>Hours of Operation:</b>		Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Number of Employees</b>										

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 ( <b>print</b> ):	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.

