



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.			
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

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

Operational Characteristics (list you establishment's food preparation activities)

☐ Baking	☐ Grilling	☐ Frying	☐ Vegetable Prep
☐ 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

☐ Outside Volume Based Interceptor		Name of Pumper/Hauler:	
☐ Passive (Manual) Grease Trap		☐ Self	☐ Hauler Name:
☐ Mechanical Grease Removal Device		☐ Self	☐ Hauler Name:
☐ Unknown/ Other: _____		☐ Self	☐ 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.

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

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

	Sewer	Trash	Recycle
Solid Wastes:	☐	☐	☐
Oil & Grease:	☐	☐	☐
Liquid Wastes:	☐	☐	☐

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?

7. If the device is an INDOOR grease trap, how is the waste being disposed of after cleaning?

☐ Trash

☐ Recycle

☐ Contractor Handles Disposal
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☐ Other-specify: _____

8. If a contractor services your INDOOR or OUTDOOR device, please provide the contact information for that company:

9. Do you have receipts available?

☐ YES☐ NO[illegible]

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

