



Fats, Oil and Grease (FOG) Control Program Quarterly Compliance Report

Please check the reporting period this compliance report is being submitted.

Reporting Period	Due Date	Reporting Period	Due Date
<input type="checkbox"/> January 1- March 31	April 15th	<input type="checkbox"/> July 1- September 30	October 15th
<input type="checkbox"/> April 1 – June 30	July 15th	<input type="checkbox"/> October 1 – December 31	January 15th

Business Name: _____ Address: _____
 Contact Name: _____ Phone No.: _____ Date Submitted: _____

Grease Trap Maintenance

1. Does the grease trap's lid fastened tightly to ensure the grease trap is watertight? Yes No
2. Are there any visible holes on the bottom or the sides of the grease trap? Yes No
3. Have repairs been made to the grease trap? Yes No If yes, please provide a brief description of the repairs and date(s) of the repair(s). _____
4. Has the person(s) performing the grease trap maintenance been trained on proper grease trap cleaning and grease disposal methods? Yes No
5. Are grease trap cleaning training records kept on-site for review for a minimum of three years? Yes No
6. Have there been any substantial change in the volume or characteristics of pollutants in the facility's wastewater discharge? Yes No If yes, please provide a brief description of the change(s). _____
7. Are **copies** of the Grease Trap Self-Cleaning Maintenance Log attached to this report? Yes No

Waste Oil Disposal

1. Liquid Waste Grease Hauler or Oil Recycler Name: _____
2. Waste Oil Disposal Location: _____

Miscellaneous Information

Was the on-site sanitary sewer line system (lateral line to the City's main line) professionally cleaned/jetted during this compliance period? Yes No If yes, please provide the date of the cleaning event. _____

Certification Statement

This statement must be signed by the authorized designated signatory of the facility.
 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative (print name and title): _____
 Authorized Representative Signature: _____ Date: _____