

**FATS, OILS & GREASE (FOG) REGISTRATION FORM**

**SECTION A. GENERAL INFORMATION**

1. Company Name: \_\_\_\_\_  
Company Mailing Address:  
Street: \_\_\_\_\_ City/Township: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
2. Company Premise Address:  
Street: \_\_\_\_\_ City/Township: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
  
3. Authorized Representative of Company:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_ Email Address: \_\_\_\_\_
  
4. Contact Person for of Company:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

*This registration form is to be signed by an authorized representative of the company after adequate completion of this form and review of the information by the signing official.*

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 upon my inquiry of the person or persons who manage the system, or those persons 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION B. PRODUCTS AND SERVICE INFORMATION**

1. Provide a detailed description of food processes and/or service activities at the facility:

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2. Average number of employees per shift:    1<sup>st</sup> \_\_\_\_\_    2<sup>nd</sup> \_\_\_\_\_    3<sup>rd</sup> \_\_\_\_\_  
 Shift start times:                                    1<sup>st</sup> \_\_\_\_\_    2<sup>nd</sup> \_\_\_\_\_    3<sup>rd</sup> \_\_\_\_\_

Shifts normally worked each day (Check appropriate shifts):

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 <sup>st</sup>	_____	_____	_____	_____	_____	_____	_____
2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____	_____
3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____	_____

3. Hours of operation:    \_\_\_\_\_ A.M.    \_\_\_\_\_ P.M.     Continuous

4. Number of customers served per day: \_\_\_\_\_  
 Number of seats in dining room: \_\_\_\_\_  
 Number of toilets on premises: \_\_\_\_\_  
 Gallons of water used per day: \_\_\_\_\_

5. North American Industrial Classification System Code(s) for your facility (6-digit NAICS):  
 \_\_\_\_\_

6. Identify any federal, state or local environmental permits that this facility has been issued:

<u>Permit No.</u>	<u>Issuing Agency</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Attach a facility site plan showing locations of water and sewer connections, manholes, traps, cleanouts, etc. Indicate location of sampling and flow metering equipment on this drawing, if present.
8. Are any liquid wastes or solids/sludges from this facility disposed of by means other than discharge to the public sewer system?  Yes  No

If yes, complete the remaining items.

9. Please check the appropriate wastes disposed of by the facility. For disposal method, the following may apply: Onsite Storage, Offsite Storage, Onsite Disposal or Offsite Disposal.

	<u>Gallons/Day</u>	<u>Lbs/Day</u>	<u>% Moisture</u>	<u>Disposal Method</u>
<input type="checkbox"/> Acids and Alkalies	_____	_____	_____	_____
<input type="checkbox"/> Heavy Metal Sludges	_____	_____	_____	_____
<input type="checkbox"/> Inks/Dyes	_____	_____	_____	_____
<input type="checkbox"/> Oil and/or Grease	_____	_____	_____	_____
<input type="checkbox"/> Organic Compounds	_____	_____	_____	_____
<input type="checkbox"/> Paints	_____	_____	_____	_____
<input type="checkbox"/> Pesticides	_____	_____	_____	_____
<input type="checkbox"/> Plating Wastes	_____	_____	_____	_____
<input type="checkbox"/> Pretreatment Sludges	_____	_____	_____	_____
<input type="checkbox"/> Solvents/Thinners	_____	_____	_____	_____
<input type="checkbox"/> Other (Specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Provide the following information for waste haulers, if applicable:

<u>Name</u>	<u>Address</u>	<u>EPA/DEP ID #</u>	<u>Type Waste</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION C. GREASE INTERCEPTOR / OIL/WATER SEPARATOR INFORMATION**

1. Description of kitchen equipment. Provide number of units:  
  
Dishwashers \_\_\_\_\_ Floor Drains \_\_\_\_\_ Fryers \_\_\_\_\_ Grills \_\_\_\_\_  
Garbage Disposals \_\_\_\_\_ Ovens \_\_\_\_\_ Sinks \_\_\_\_\_  
Other \_\_\_\_\_
2. Is a grease interceptor or oil/water separator present?  Yes  No
3. Size of interceptor/separator: \_\_\_\_\_ Gallons
4. Location of interceptor/separator: \_\_\_\_\_
5. Are chemicals, bacteria or enzymes currently used in interceptor/separator?  Yes  No  
If yes, attach material safety data sheets (MSDSs) for all of the products used onsite.
6. Frequency of cleaning grease/oil interceptor: \_\_\_\_\_
7. Pounds grease or oil used per year: \_\_\_\_\_
8. Pounds grease or oil removed per year: \_\_\_\_\_
9. (Optional) Attach test results of a 24-hour composite sample from the discharge side of the grease or oil interceptor for the following analyses: Biochemical Oxygen Demand (BOD), Ammonia Nitrogen (NH<sub>3</sub>-N), Total Phosphorus and Total Suspended Solids (TSS). Attach test results of a grab sample from the discharge side of the grease or oil interceptor for Oil and Grease (O&G) and pH.