



# INDUSTRIAL PRETREATMENT PROGRAM

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

Department of Public Works • 111 Airport Drive East • Frederick, MD 21701 • Phone: 301-600-2979 • Fax: 301-600-6245 • email: tcool@cityoffrederick.com

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	<b>April 15<sup>th</sup></b>	<input type="checkbox"/> July 1- September 30	<b>October 15<sup>th</sup></b>
<input type="checkbox"/> April 1 – June 30	<b>July 15<sup>th</sup></b>	<input type="checkbox"/> October 1 – December 31	<b>January 15<sup>th</sup></b>

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### Grease Trap Maintenance

- Does the grease trap's lid fastened tightly to ensure the grease trap is watertight?  Yes  No
- Are there any visible holes on the bottom or the sides of the grease trap?  Yes  No
- 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). \_\_\_\_\_
- Has the person(s) performing the grease trap maintenance been trained on proper grease trap cleaning and grease disposal methods?  Yes  No
- Are grease trap cleaning training records kept on-site for review for a minimum of three years?  Yes  No
- 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). \_\_\_\_\_
- Are **copies** of the Grease Trap Self-Cleaning Maintenance Log attached to this report?  Yes  No

### Waste Oil Disposal

- Liquid Waste Grease Hauler or Oil Recycler Name: \_\_\_\_\_
- 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: \_\_\_\_\_