



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 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. Liquid Waste Grease Hauler Name: _____

2. Have repairs been made to any of the grease traps? Yes No

If yes, please provide a brief description of the repairs and date(s) of the repair(s).

3. 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).

4. Are copies of the grease trap service statements attached to this compliance report? Yes No

Waste Oil Disposal

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

2. Waste Oil Disposal Location: _____

Grease Trap Maintenance Observation Log

1. Grease Trap Cleaning Date: _____ Time: _____ a.m. / p.m.

2. Did the waste hauler remove the entire contents from the trap, including buildup on walls? Yes No

3. Did the waste hauler re-introduce any of the removed contents back into the trap after cleaning? Yes No

4. Did you receive a copy of the liquid waste hauler's service statement for your records? Yes No

5. Were you notified of any defects or items that are in need of repair or replacement? Yes No

If yes, please explain. _____

Representative witnessing the clean out (print & sign): _____ Date: _____

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: _____