KENNETH J. LUCIANIN
Commissioner

MICHAEL DeFRANCISCI
Executive Director

GREGORY A. TRAMONTOZZI
General Counsel

600 Wilson Avenue
Newark, New Jersey 07105
(973) 817-5712
(973) 344-6237 • Inspection & Compliance Bureau fax
www.pvsc.com

RE: FOG ANNUAL CERTIFICATION REPORT DATE

Enclosed is a copy of your Annual Certification Report, which you are required to fill out and return to the Passaic Valley Sewerage Commission at 600 Wilson Avenue Newark, NJ 07105, Attention Inspection & Compliance Bureau, within the required time period. PVSC is sending you this report 2 months before it is due. Failure to resubmit this report within the required time period will result in enforcement action.

If you have any questions, contact Inspector Lorrie Williams, Inspection & Compliance Bureau, at (973) 344 4219. Fax (973) 344 6237, we will be happy to assist you in any way.

Enclosures

PASSAIC VALLEY SEWERAGE COMMISSION
FATS, OILS & GREASE ANNUAL CERTIFICATION

Customer #:_____
Company Name:_____ Company Representative: _____
Address:_____ Due Date:_____

1. TYPE OF BUSINESS

☐ Bakery ☐ Delicatessen ☐ School ☐ Meat Market ☐ AFL/Nursing Home ☐ Hotel/Motel

☐ Restaurant/Bar ☐ Convenience/Gas ☐ Fish Market ☐ Grocery Store ☐ Hospital/Medical Center

☐ Other, (Business) Other:_____

2. TYPE OF FOOD EQUIPMENT

Type of Food Equipment	Yes/No	Maintained By	Cleaning Frequency	Quantity	Comments
Deep Fryer					
Hot Grill					
Stove					
Meat Slicer					
Rotisserie					

3. TYPE OF EXTRACTOR EQUIPMENT

	Yes/No	Maintained By	Cleaning Frequency	Quantity	Comments
Below Ground/Indoor Grease Trap(s)					
Above Ground/Indoor Grease Taps(s)					
Below Ground/Outdoor Grease Trap(s)					
Above Ground/Outdoor Grease Trap(s)					
Below Ground/Indoor Grease Interceptor(s)					
Above Ground/Indoor Grease Interceptor(s)					
Below Ground/Outdoor Grease Interceptor(s)					
Above Ground/Outdoor Grease Interceptor(s)					
Indoor Storage Tank(s)					
Outdoor Storage Tank(s)					
Indoor Container(s)					
Outdoor Container					

4. WASTE MATERIAL HANDLING

Fats/Oil/Grease

Pumping Company: ☐ Self Maintained ☐ Service Provider: Attach Copy(s)

Frequency: ☐ N/A

5. Is a fats, oil and grease maintenance log currently being maintained?

☐ Yes (Attach Copy(s) ☐ No Explain:

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 persons who manage the system or those persons directly responsible for gathering the information, the information submitted, to the best of my knowledge and belief are 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:_____ Signature:_____ Date:_____