

PASSAIC VALLEY SEWERAGE COMMISSION
 FATS, OILS & GREASE ANNUAL CERTIFICATION
 REPORTING PERIOD:

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

1. TYPE OF BUSINESS

- Bakery Delicatessen School Meat Market AFL/Nursing Home Hotel/Motel
 Restaurant/Bar Convenience/Gas Station Fish Market Grocery Store Hospital/Medical Center Other, fill in below

(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: _____