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*"Protecting Public Health and the Environment"*

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*Executive Director*

ALBERT LUKIN  
*Chief Administrative Officer*

600 Wilson Avenue  
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(973) 817-5712  
(973) 344-6237 • Inspection & Compliance Bureau fax  
[www.nj.gov/pvsc](http://www.nj.gov/pvsc)

## FOG ANNUAL CERTIFICATION REPORT

Enclosed is a copy of your Annual Certification Report, which you are required to fill out and return to the Passaic Valley Sewerage Commission ("PVSC") within the required time period. PVSC is sending you this report 2 months before it is due. Failure to submit this report within the required time period will result in enforcement action. You may submit your report by one of the following methods:

**Email:** [fogreport@pvsc.com](mailto:fogreport@pvsc.com)  
**Fax:** (973) 344-6237  
**Mail:** Passaic Valley Sewerage Commission  
600 Wilson Avenue  
Newark, NJ 07105  
Attn: Pollution Prevention

Please also provide your business email address (in item 1) when submitting your report.  
Please sign at the bottom of the Fats, Oil & Grease Annual Certification Report where indicated.

Very truly yours,

PASSAIC VALLEY SEWERAGE COMMISSION

Donald Yanuzzi  
Assistant Director of Inspection & Compliance Bureau

Enclosure



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

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 Station      ☐ Fish Market      ☐ Grocery Store      ☐ Hospital/Medical Center      ☐ Other, fill in below

Email address: \_\_\_\_\_ (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 Traps(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: \_\_\_\_\_