



"Protecting Public Health and the Environment"

**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: \_\_\_\_\_