

FOG Pump-Out Report

Preferred Pumper Program

Mail to:
Municipality Contact

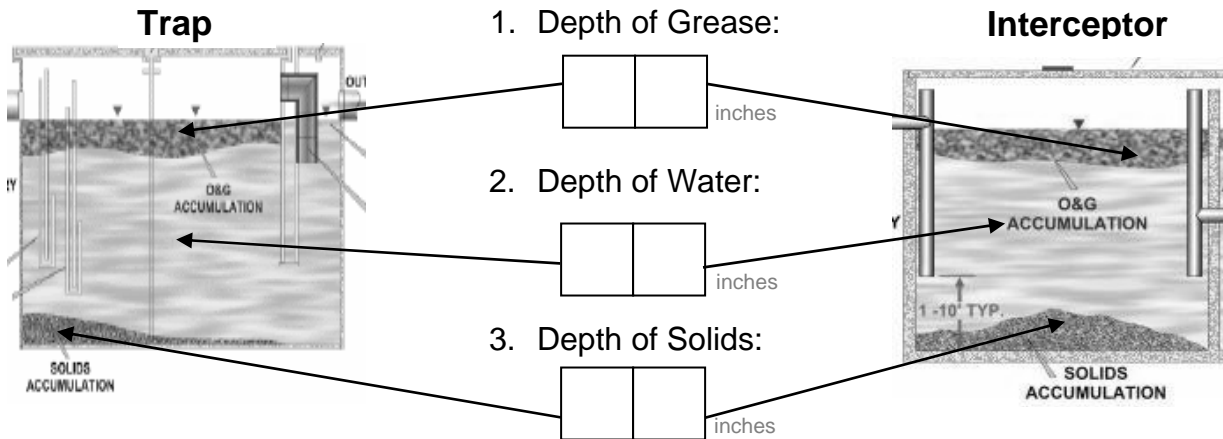
A. Facility Information

Facility Name: _____ Facility ID: _____

Location Address: _____ Trap location: _____

City: _____ State: _____ Zip: _____ Telephone: _____

B. Description of Condition (circle one):



4. Trap baffles removed and cleaned? Yes No

5. Trap refilled with water? Yes No

6. Grease Trap / Interceptor Condition:
 Fully Functional In Need of Repair Could Not Observe

Explain: _____

7. Facility Manager Notified of Grease Trap Condition? Yes No

C. Certification

I hereby certify that all information provided herein is true and correct to the best of my knowledge. Interceptor/trap serving this establishment was cleaned completely of residual fats, oils, grease and other solid materials.

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Print name of Waste Hauling Company

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Hauler Manifest No.

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Date: Month/Day/Year

Signature of Person Performing Maintenance

Complete this form and mail to the municipality contact within 10 days of completion of pump-out. Failure to comply with FOG requirements may result in unannounced follow-up inspection of the facility and inspection fees as appropriate.