



# Fats, Oil and Grease (FOG) Control Program Quarterly Compliance Report

Industrial Pretreatment Program • 111 Airport Drive East • Frederick, MD 21701 • Phone: 301-600-2979 • Fax: 301-600-6245 •email: tcool@cityoffrederickmd.gov

Please check reporting period this compliance report is being submitted.

Reporting Period	Due Date	Reporting Period	Due Date
<input type="checkbox"/> January 1- March 31	<b>April 15<sup>th</sup></b>	<input type="checkbox"/> July 1- September 30	<b>October 15<sup>th</sup></b>
<input type="checkbox"/> April 1 – June 30	<b>July 15<sup>th</sup></b>	<input type="checkbox"/> October 1 – December 31	<b>January 15<sup>th</sup></b>

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### Grease Trap Maintenance

- Liquid Waste Grease Hauler Name: \_\_\_\_\_
- Have repairs been made to any of the grease traps?  Yes  No  
If yes, please provide a brief description of the repairs and date(s) of the repair(s).  
\_\_\_\_\_
- Have there been any substantial change in the volume or characteristics of pollutants in the facility's wastewater discharge?  Yes  No If yes, please provide a brief description of the change(s).  
\_\_\_\_\_
- Are copies of the grease trap service statements attached to this compliance report?  Yes  No

### Waste Oil Disposal

- Liquid Waste Grease Hauler or Oil Recycler Name: \_\_\_\_\_
- Waste Oil Disposal Location: \_\_\_\_\_

### Grease Trap Maintenance Observation Log

- Grease Trap Cleaning Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.
- Did the waste hauler remove the entire contents from the trap, including buildup on walls?  Yes  No
- Did the waste hauler re-introduce any of the removed contents back into the trap after cleaning?  Yes  No
- Did you receive a copy of the liquid waste hauler's service statement for your records?  Yes  No
- Were you notified of any defects or items that are in need of repair or replacement?  Yes  No  
If yes, please explain. \_\_\_\_\_

Representative witnessing the clean out (print & sign): \_\_\_\_\_ Date: \_\_\_\_\_

### Miscellaneous Information

Was the on-site sanitary sewer line system (lateral line to the City's main line) professionally cleaned/jetted during this compliance period?  Yes  No If yes, please provide the date of the cleaning event. \_\_\_\_\_

**Certification Statement:** This statement must be signed by the authorized designated signatory of the facility.

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 person or persons who manage the system, or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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.

Authorized Representative (print name and title): \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_