

FOG DISPOSAL/MANAGEMENT SAMPLE FORMS

GREASE SEPARATION DEVICE MANAGEMENT SCHEDULE

DATE:

SERVICE EVENT: (Pumpout, Sampling, Special Event)

Signature of: _____ Kitchen Manager

_____ Service Provider or Inspector

RECORD OF SERVICE:

Pumpout: Total Gallons Removed: _____ Description of Service:

Sampling:

Time of Sampling: _____

Method of Sampling: _____

Special Event: (Non-Routine Inspection, Emergency Service Required, Spill)
Procedures Required, Notes, Preventive Steps Taken

Suggestions for
Maintenance/Management: _____

Original: File Copy 1: Local Authority Copy 2: Service Provider

SAMPLE MANIFEST DOCUMENT

GREASE RELIEF INC.
111 Recycle Road, Yourtown, NC 12345

WASTE MANIFEST

Source: ABC Food Service One Main Street Anytown, NC 27512

Tel: _____ Manager: _____

Waste Grease Relief Inc. 111 NC Permit # _____
Hauler: Recycle Road

Yourtown, NC 27602

Tel: _____ Driver: _____

Destination of Discharge Green Grass Farms Rt. 1 Box 234 Deep Roots, NC 27170

LAS Permit #: _____ Permit Operator: _____

WASTE INFORMATION Size of grease separation device _____
Amount pumped and removed from site _____ Other services performed (cleaned
solids filter, inspected & cleaned baffle
tees, added deodorizer, checked vent)

I certify the materials described above and the service described are correct and are not subject to federal regulations as hazardous waste

Site Manager: _____ (Print)
_____ (Signature)