



CITY OF CANAL WINCHESTER
WATER RECLAMATION DIVISION
FATS, OILS and GREASE (FOG)
BEST MANAGEMENT PLAN (BMP)
FOOD SERVICE OPERATIONS

Facility Name: _____

Address: _____

The BMP must be maintained on-site and available for review upon request:
(Follow attached instructions and use extra sheets if necessary)

1) List FOG sources: Handling/cleaning practices to minimize discharge of FOG:

2) Additional practices to minimize FOG discharges or buildup in sewer lines:

3) List routine inspection and maintenance procedures of the grease interceptor or grease trap:

4) Attach a copy of the Operations and Maintenance procedures for the grease trap(s) or grease interceptor(s).

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS BEST MANAGEMENT PLAN FOR FATS, OILS AND GREASE REDUCTION AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

Authorized Representative Signature Title Date



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Facility Name _____

GREASE TRAP/INTERCEPTOR CLEANING LOG

Record of volume of grease removed (not total volume of liquid removed)

MAKE EXTRA COPIES OF THIS FORM FOR FUTURE USE

| Date Cleaned | Gallon of Grease Removed | Grease Trap/Interceptor Condition Mark satisfactory or unsatisfactory (if unsatisfactory, indicated action to correct) |
|-----------------|-----------------------------|--|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |

NOTE: ON-SITE COPY OF BMP AND GREASE TRAP/INTERCEPTOR CLEANING LOG IS SUBJECT TO REVIEW BY THE HEALTH DEPARTMENT OR THE WATER RECLAMATION DIVISION UPON REQUEST. A COPY OF THIS REPORT OR ITS EQUIVALENT MUST BE MAILED TO THE FOLLOWING ADDRESS NO LATER THAN THE 15TH DAY OF THE MONTH FOLLOWING THE REQUIRED QUARTERLY SERVICE.

36 South High Street
 Canal Winchester, Ohio 43110
 Attn: Grease trap Inspector

Telephone 614-834-5100 x 203
 Fax 614-829-7734

RETAIN THIS RECORD IN A PERMANENT LOG BOOK FOR A MINIMUM OF 3 YEARS

CERTIFICATION STATEMENT*

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

 Authorized Representative Signature

 Title

 Date

*Authorized representative signs and dates the form prior to mailing.