Facility Name: ________________________________________________

Address: ____________________________________________________

Grease Interceptor Size(s): ____________________________________

Note: FOG BMP and Grease Interceptor Cleaning Log(s) must be maintained on-site and available for review upon request by Columbus Public Health and Division of Sewerage and Drainage personnel. Grease Interceptor Cleaning Log(s) must be maintained on-site and available with the FOG BMP for any facility with grease interceptor(s).

(Follow attached instructions and use extra sheets if necessary)

1. List FOG sources:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Handling/cleaning/facility practices to minimize discharge of FOG or buildup in sewer lines:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. List routine inspection and maintenance procedures of the grease interceptor, including any contract cleaning company used and grease interceptor cleaning frequency. Attach a copy of the manufacturer's Operations and Maintenance procedures for the grease interceptor(s) if available:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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 ____________________________
Facility Name: ________________________________________________________________

Address:  ___________________________________________________________________

Grease Interceptor Size(s): ____________________________________________________

Additional Comments:
___________________________________________________________________________
___________________________________________________________________________
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CITY OF COLUMBUS
DIVISION OF SEWERAGE AND DRAINAGE
FATS, OILS and GREASE (FOG)
BEST MANAGEMENT PLAN (BMP)
FOOD SERVICE OPERATIONS
Facility Name: 

Address: 

Grease Interceptor Size(s): 

Note: FOG BMP and Grease Interceptor Cleaning Log(s) must be maintained on-site and available for review upon request by Columbus Public Health and Division of Sewerage and Drainage personnel. Grease Interceptor Cleaning Log(s) must be maintained on-site and available with the FOG BMP for any facility with grease interceptor(s).

(Make extra copies of this form for future use)

### GREASE INTERCEPTOR CLEANING LOG

<table>
<thead>
<tr>
<th>Date Cleaned</th>
<th>Gallons or Percent of Grease and Solids Removed</th>
<th>Grease Interceptor Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mark satisfactory of unsatisfactory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(If unsatisfactory, indicate corrective actions)</td>
</tr>
</tbody>
</table>

1. _______ ______________________________

2. _______ ______________________________

3. _______ ______________________________

4. _______ ______________________________

5. _______ ______________________________

6. _______ ______________________________

7. _______ ______________________________

8. _______ ______________________________

9. _______ ______________________________

10. _______ ______________________________

### CERTIFICATION STATEMENT*

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

Authorized Representative Signature: __________________________ Title: __________________________ Date: __________________________

*Authorized representative signs and dates when form is completed