

Preferred Pumper Program FOG Pump Out Report

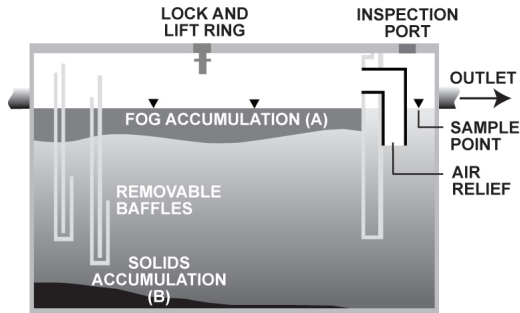
Business: _____ Store # _____ Phone: _____

Address: _____

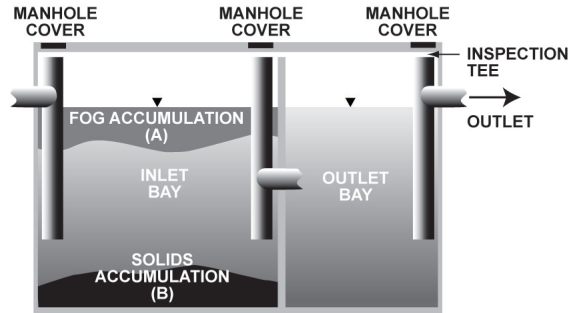
Street

City

Zip



Hydromechanical (inside/outside)



Gravity (outside)

REMINDER: FOG Layer **DOES include oil. Only (3) GRD's Per Sheet.**

	GRD #1 (<input type="checkbox"/> Hydro <input type="checkbox"/> Gravity)	GRD #2 (<input type="checkbox"/> Hydro <input type="checkbox"/> Gravity)	GRD #3 (<input type="checkbox"/> Hydro <input type="checkbox"/> Gravity)
Location			
FOG (Fats, Oils, Grease)	<i>Inches</i>	<i>Inches</i>	<i>Inches</i>
Solids	<i>Inches</i>	<i>Inches</i>	<i>Inches</i>
Total Gallons			
FOG Leaving Inspection Port / Tee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
GRD Condition (Grease Removal Device) <small>check only if it applies</small>	<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Needs Repair

Explanation

Certification: I hereby certify that all information provided herein is true and correct to the best of my knowledge. The Grease Removal Device serving this establishment was cleaned completely of residual fats, oils, grease and other solid materials.

_____ **Print** name of waste hauling company

_____ **Print** name of person who performed service

_____ Date

Submit completed form to appropriate municipality within 10 days of Pumpout.