



Grease Management Program
Annual Self Monitoring Report
(For Food Service Establishments)

FACILITY INFORMATION

Grease Control Permit No: GCP - _____

Facility Name: _____

Facility Address: _____

City: _____

State: _____ Zip Code: _____

Contact Person: _____

E-Mail Address: _____ Telephone No: _____

REPORT SUBMITTAL INFORMATION

Date Report Submitted: _____

Name of Person Submitting Report: _____

E-Mail Address for Reporting Person: _____

For Calendar Year: _____

BEST MANAGEMENT PRACTICES (BMP)

FATS, OILS, and GREASE (FOG)

- YES NO 1. Does your facility implement a Best Management Practices (BMP) program now?
- YES NO 2. Does your facility have a written BMP program in place?
A written program should be available on-site for review during all inspections.
- YES NO 3. Have your employees been trained in proper FOG BMP procedures?
Written documentation of all employee training should be available on-site for review during all inspections.
- YES NO 4. Is there a designated employee responsible for FOG management?
Name of Employee: _____

GREASE CONTROL DEVICE INFORMATION

- YES NO 1. Do you have an indoor or outdoor, underground grease interceptor?
Please attach copies of all interceptor maintenance records for this reporting year. CHECK HERE IF NO RECORDS
- YES NO 2. Do you have an indoor undersink or "in-kitchen" grease trap?
Please attach copies of all grease trap maintenance records for this reporting year. CHECK HERE IF NO RECORDS
- YES NO 3. Do you have any other type of grease control device in service?
Please describe device: _____

CONTRACT GREASE/OIL HAULER (CG/OH)

- YES NO 1. Do you use a CG/OH company for removing brown grease?
- YES NO 2. Do you use a CG/OH company for removing yellow grease?
- YES NO 3. Is waste grease/oil collected by a GG/OH company?
- YES NO 4. Is waste grease/oil stored outside?

Contract Grease/Oil Hauling Company #1 Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____ Office Telephone No: _____
 E-Mail Address: _____

Contract Grease/Oil Hauling Company #2 Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____ Office Telephone No: _____
 E-Mail Address: _____

Please attach copies of all hauling manifests for this reporting year. CHECK HERE IF NO RECORDS

COMPLIANCE REVIEW / UPDATE

YES NO 1. Has there been any accidental spills where fats, oils, or grease came in contact with the ground outside in this reporting period? *(1 gallon or more)*

YES NO 2. Has there been any accidental or intentional slug discharges of fats, oils, or grease into the sanitary sewer system in this reporting period? *(1 gallon or more)*

If questions 1 or 2 were answered yes, please attach a written description of any incidents including any corrective actions taken to prevent a reoccurrence from happening.

YES NO 3. Have you implemented any new grease management controls in the past year?

If question 3 was answered yes, please attach a written description of the new control.

YES NO 4. Have there been any major changes in your menu or operations?

If question 4 was answered yes, please attach a written description of the changes.

AUTHORIZED REPRESENTATIVE SIGNATURE

NOTE: This section must be signed to complete the report.

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 persons 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 there are significant penalties for submitted false information, including the possibility of fine and imprisonment for knowing violations

Signature of Authorized Representative *

Date: _____

Print Name and Title of Authorized Representative

* The "Authorized Representative" is a responsible corporate officer in charge of a principal business function, or any other person who performs similar policy or decision making functions. It can also include the manager of one or more food service establishments. The authority to sign this report may be assigned or delegated to other individuals, as long as a letter stating this fact is submitted to the City.

WHERE TO SEND

The completed form should be sent to the following address:

City of McPherson Kansas
Grease Management Program
400 E. Kansas Avenue
P. O. Box 1008
McPherson, Kansas 67460