

Marion County Board of County Commissioners

Utilities

11800 SE U.S. Highway 441 Belleview, FL 34420 Phone: 352-307-6000 Fax: 352-307-6001

FOG (fats, oils, grease) Worksheet / Industrial Pretreatment

Complete this form legibly, and in its entirety. Indicate "N/A" where appropriate, and return to Marion County Utilities at <u>Utilities@MarionCountyFL.org</u> or by fax 352-671-6001. If you need assistance, call (352) 307-6000.

1.	GENERAL INFORMATION	
	NAME OF FACILITY:	
	CONTACT PERSON:	
	PHYSICAL ADDRESS:	
	PHONE NO.: E MAIL:	
2.	OWNERSHIP NAME OF OWNER:	
	CONTACT PERSON:	
	PHONE NO.: ACCT. #	
	E MAIL ADDRESS:	
3.	FACILITY TYPE Restaurant [] Food Processor [] Shopping Center [] Other (specify)	
١.	HOURS OF OPERATION MTuWThFSaSu	
5.	TYPE(S) OF FOOD SERVED (LIST ALL)	
	TYPE OF STRUCTURE	
	Existing Facility [] Freestanding Facility [] New Facility (Construction) []
	Attached Facility [] Remodeled Facility []	
•	SEATING CAPACITY (NUMBER OF PATRONS)	
	INSIDEOUTSIDE	
	Is seating capacity defined by the Fire Department? No [] Yes []	

Empowering Marion for Success

NUMBER OF MEALS Average number of meals services day(s) of the week: Average number of meals services		ys:			
TYPE OF DISHES/UTENS		•	oth []		
COOKERS	(attach invent	tory, if available)	Size/Number		
Fryer	1 68	110	Size/Number		
Charbroiler					
Grill					
Stove					
Oven					
Oven Broiler					
Wok Stove					
Other:					
SINKS	Yes	No	Size/Number		
3-Compartment					
Hand					
Vegetable		<u> </u>			
Mop					
Other:					
OTHER EQUIPMENT	Yes	No	Size/Number		
Garbage Disposal					
Walk-in Cooler					
Dishwasher					
Other:					
OOD PREPARATION	Check all that apply.				
Pre-cooked Foods	[]	Grilled or Baked Me	ats []		
Fried Foods	[]	Wok Foods	[]		
Frozen Foods	[]	Baked Goods	[]		
Fresh Produce	[]	Canned Foods	[]		
		N PROCEDURES			

Identify pollution prevention measures being used and describe the employee training schedule. Attach extra sheets if necessary._____

15.

16.

1	1	RECYCLI	NC
	4.	KELYLLI	NI

Do you recycle spent oils & grease? No [] Yes [] If yes, briefly explain the program and the grease handling procedures, including information on equipment. If no, do you have plans to initiate a recycling program? No [] Yes [] If yes, what is the proposed schedule? GREASE MANAGEMENT DEVICE					
					Type Yes No Size/Number Grease dumpster Grease interceptor Under the sink grease trap Recycle holding tank Oil/Water separator
					BACTERIA Are bacteria, enzymes, or other additives being used as oil and grease management tools? No [] Yes [] If yes what type?

17. COMMON GREASE INTERCEPTOR

If you are located in a retail center, it is possible more than one facility in the retail center may be connected to a common grease interceptor. Do you share a grease interceptor with other facilities? No [] Yes [] If you share a common interceptor, who owns the facility or is responsible for the maintenance??

18. FOR NEW CONSTRUCTION AND RENOVATIONS

ATTACH TO THIS SURVEY A COPY OF THE INTERIOR FLOOR/SITE PLAN, INCLUDING THE SPECIFICATIONS, O&M PROCEDURES FOR GREASE INTERCEPTOR, INSTALLATION INSTRUCTIONS FOR GREASE HANDLING EQUIPMENT, AND COMPLETE PLUMBING DIAGRAMS (SCHEMATICS) SHOWING THE PLUMBING FIXTURE(S) CONNECTED TO THE WASTE PIPING SYSTEM WITH THE FLOW DIRECTION INDICATED.

Submittal of false information is a violation of the County Code of Ordinances, and as such, applicant becomes subject to enforcement actions and penalties as set forth therein.