FATS, OILS, AND GREASE (FOG) PROGRAM

GREASE REMOVAL DEVICE MAINTENANCE REPORTING FORM

ESTABLISHMENT NAME: _____

DATE	CLEANING PREFORMED BY: (COMPANY OR EMPLOYEE NAME)	GALLONS REMOVED	MANAGER'S SIGNATURE

DATE	CLEANING PREFORMED BY: (COMPANY OR EMPLOYEE NAME)	GALLONS REMOVED	MANAGER'S SIGNATURE

ADDITIONAL NOTES: _____

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