



Department of Public Works

Food Service Establishment (FSE)

Grease Control Device (GCD) Registration Form

This form and the instructions are available for download at www.smithfieldva.gov/fog. **Form(s) due March 31, 2010.**

Please complete a separate registration form for EACH grease control device located at your Food Service Establishment (FSE).

FSE Name: _____ FSE Phone: _____

FSE Street Address: _____ FSE Zip Code: _____

FSE Location: Detached Unit Complex / Mall / Strip-Mall

FSE Type:	<input type="checkbox"/> Southern	<input type="checkbox"/> Sports Grill	<input type="checkbox"/> Italian	<input type="checkbox"/> Steakhouse
	<input type="checkbox"/> Ice Cream	<input type="checkbox"/> BBQ	<input type="checkbox"/> Commercial Cafeteria	<input type="checkbox"/> Sandwich/Soup
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Western	<input type="checkbox"/> Grocery	<input type="checkbox"/> Middle Eastern
	<input type="checkbox"/> Smoothies	<input type="checkbox"/> Chinese	<input type="checkbox"/> Corporate Cafeteria	<input type="checkbox"/> Burgers
	<input type="checkbox"/> Pizzeria	<input type="checkbox"/> Mexican	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Seafood
	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Coffee House	<input type="checkbox"/> Day Care	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Church
	<input type="checkbox"/> Caterer	<input type="checkbox"/> Care Institution	<input type="checkbox"/> Other _____	

Contact Name: _____ Position: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Contact Phone: _____ Ext: _____ Fax: _____

Number of Fixtures:	<input type="checkbox"/> Deep Fryers	<input type="checkbox"/> 3-Compartment Sinks	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Pre-Wash Sinks
	<input type="checkbox"/> Grills	<input type="checkbox"/> 2-Compartment Sinks	<input type="checkbox"/> Tilt Kettles	<input type="checkbox"/> Wok Ranges
	<input type="checkbox"/> Ovens	<input type="checkbox"/> 1-Compartment Sinks	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Mop Sinks

GCD Location/Type: Exterior Interceptor Interior Under Sink Trap Interior Floor Trap

GCD Size: _____ gallons lb gpm

GCD Manufacturer (If unknown, leave blank): _____

GCD Model (If unknown, leave blank): _____

GCD Service Company (If unknown, leave blank): _____

Cleaning Frequency: Daily Bi-Weekly Weekly Quarterly Annually

Yellow/Fryer Grease Rendering Company: _____

Yellow/Fryer Grease Rendering Container on-site? Yes No

I, _____, certify that to the best of my knowledge the above statements to be correct.

(Print Name)

(Signature)

(Date)

After completing, please print and submit the GCD Registration Form to the FOG Program Manager:

Mail: Town of Smithfield - Attn: Sonja Pruitt - P.O. Box 246 - Smithfield, VA 23431

Fax: (757) 357-9933 Email: spruitt@smithfieldva.gov