FATS, OILS, AND GREASES (FOG) PROGRAM
MAINTENANCE REPORTING FORM

Reporting Period _____

Date	Maintenance Performed (Inspection or Cleaning)	Performed By: (Company or Employee)	Gallons Removed	Manager's Signature

Company Name; _____ Submitted By: _____

Site Address: _____

Notes & Comments: _____

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Additional copies of this form are available by calling 302.398.3530 or by visiting http://harrington.delaware.gov