



City of Sioux City
Food Service Establishment (FSE)
Fats, Oils, and Grease (FOG) Control Mechanism
Registration Form

Please complete a separate registration form for EACH grease control mechanism (GCM) 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 (Check all that apply):

Southern Sports Grill Italian Steakhouse Ice Cream BBQ
 Commercial Cafeteria Sandwich/Soup Japanese Western Grocery
 Middle Eastern Smoothies Chinese Corporate Cafeteria Burgers
 Pizzeria Mexican Yogurt School Cafeteria Seafood
 Fast Food Vietnamese Convenience Store Hotel Coffee House
 Day Care Bed & Breakfast Church Caterer Care Institution
 Other _____ Seasonal (explain) _____

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"/> Wok Ranges	<input type="checkbox"/> Ovens	<input type="checkbox"/> 1-Compartment Sinks
<input type="checkbox"/> Mop Sinks	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dishwasher

GCM Location/Type: ___ Exterior Interceptor ___ Interior Under Sink Trap
 ___ Interior Floor Trap ___ No GCM installed ___ Other _____

GCM Size: _____ gallons ___ lb ___ gpm

GCM Manufacturer (If unknown, leave blank):

GCM Model (If unknown, leave blank):

GCM Service Company (If unknown, leave blank):

Cleaning Frequency: ___ Daily ___ Bi-Weekly ___ Weekly ___ Quarterly ___ Annually

*It is the responsibility of the FSE to keep records of cleaning/pumping schedules on site for 3 years

Pumping Service Company (If unknown, leave blank):

Yellow/Fryer Grease Rendering Company:

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

If yes, Yellow/Fryer Grease Rendering Container within secondary containment? ___ Yes ___ No

Seating Occupancy: _____

Number of meals served daily (average): _____

Do you currently/have you ever used any products to help with FOG removal (i.e. chemicals, bio-augmentation, etc.) ___ Yes ___ No

If yes, please explain: _____

Other comments or information: _____

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

(Signature) _____ (Date) _____

After completing, submit the GCM Registration Form to the **Laboratory Supervisor:**

Mailed copies can be sent to:

City of Sioux City WWTP

C/O Vicki Baker

3100 S. Lewis Blvd

Sioux City, IA 51106

Faxes can be sent to: (712) 279-6191

Scanned copies can be sent to: vbaker@sioux-city.org