



**DEPARTMENT OF PUBLIC UTILITIES
FATS, OILS, & GREASE PROGRAM
GREASE CONTROL DEVICE REGISTRATION FORM**

FACILITY INFORMATION

		YES	NO		
FACILITY NAME		DETACHED UNIT		NAICS CLASSIFICATION	
NUMBER	STREET	UNIT/SUITE		ZIP	PHONE

FACILITY OPERATION

OPERATES 12 MONTHS/YEAR	SEASONAL, OPERATES DURING MONTHS	TO	
FACILITY IS OPEN DURING	DAYTIME HOURS ONLY	NIGHTTIME HOURS ONLY	BOTH DAY & NIGHT HOURS

CONTACT INFORMATION

NAME OF RESPONSIBLE CONTACT	RELATIONSHIP TO FACILITY	PHONE
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BUSINESS MAILING ADDRESS

SAME AS FACILITY				
NUMBER	STREET	UNIT/SUITE	STATE	ZIP

KITCHEN FIXTURES CONNECTED TO DEVICE

3-COMPARTMENT SINK	2-COMPARTMENT SINK	1-COMPARTMENT SINK	WOK RANGE(S)
TILT KETTLE	DISHWASHER	GARBAGE DISPOSAL	

DEVICE INFORMATION

DEVICE TYPE			
EXTERIOR GREATER THAN 500 GAL.	EXTERIOR LESS THAN 500 GAL.	INTERIOR IN-FLOOR	INTERIOR UNDERSINK
DEVICE SIZE			
GALLONS (EXTERIOR ONLY)	GALLONS PER MINUTE (GPM)	POUNDS (LBS)	
MANUFACTURER		MODEL NUMBER	

COMMERCIAL FOG HAULER INFORMATION

COMMERCIAL GREASE HAULER USED	YES	NO	NAME OF COMPANY
FRYER OIL HAULER USED	YES	NO	NAME OF COMPANY

FOR INFORMATION GO TO WWW.VBGOV.COM/FOG, AND CLICK ON THE LINK FOR FOOD SERVICE ESTABLISHMENTS. YOU MAY ALSO CONTACT A FOG PROGRAM REPRESENTATIVE BY EMAIL AT FOG@VBGOV.COM OR BY TELEPHONE AT 757-385-4171.



Instructions for Completing Grease Control Device Registration Form

The instructions and form are available for download at www.vbgov.com/fog.

This Grease Control Device (GCD) Registration Form is used to register all GCDs, commonly known as “grease traps”, in use at Food Service Establishments (FSEs) within the City of Virginia Beach. Registration of GCDs is a requirement of the FOG Ordinance, adopted February 24, 2009.

Complete a separate form for each grease control device present at your establishment.

1. Indicate at the top of the page how many devices are present and which device this registration is for, 1 of 1, 1 of 2, 2 of 4, etc.
2. Under “**FACILITY INFORMATION**,” fill in the following information:
 - a. Facility Name - What is the name on the sign out front?
 - b. Detached Unit, Yes or No - Is the facility a separate building, or is it part of a complex of other facilities?
 - c. NAICS Class – Select North American Industry Classification System Designation – Chart below.
 - d. Number, Street, Unit/Suite, & Zip Code – Physical address of the facility.
 - e. Phone – The telephone number of the facility

North American Industry Classification System			
Designation	Title	Designation	Title
445110	Supermarkets and Other Grocery Stores	722100	Full-Service Restaurants (Steakhouses only)
445120	Convenience Stores	722211	Limited-Service Eating Places (Fast Food)
447110	Gasoline Stations with Convenience Stores	722212	Cafeterias, Grill Buffets, and Buffets
624120	Adult Day Care Centers	722213	Snack and Non-Alcoholic Beverage Bars
624410	Child Day Care Centers	722310	Food Service Contractors (School and hospital cafeterias, etc.)
711110	Theater Companies and Dinner Theaters	722320	Caterers
721100	Traveler Accommodation (Hotels)	813110	Churches, Synagogues, Mosques, Temples, etc.
722110	Full-Service Restaurants (Except Steakhouses)		

3. Under “**FACILITY OPERATION**,” fill in the following information:
 - a. Operates 12 Months/Year or Seasonal - Check the appropriate box.
 - b. Operates During Months – Enter ONLY if the operation is seasonal, months that operations start and end.
 - c. Facility is Open During - Check the appropriate box to indicate normal operational hours; day, night, or both day & night.
4. Under “**CONTACT INFORMATION**,” fill in the following information:
 - a. Name of Responsible Contact – The owner or person in responsible charge of the facility.
 - b. Relationship to the Facility – Is this the owner, general manager, facilities manager, etc.
 - c. Phone – Telephone number for the responsible contact, ONLY if different than the facility phone number.
5. Under “**BUSINESS MAILING ADDRESS**,” fill in the following information:
 - a. Same as the Facility – Check the box if the business mailing address and the facility address are the same.
 - b. Number, Street, Unit/Suite, State, Zip – Fill in the information ONLY if the box above is NOT checked.
6. Under “**KITCHEN FIXTURES CONNECTED TO DEVICE**,” Check the box(es) indicating which fixture(s) is/are connected to THIS device.
7. Under “**DEVICE INFORMATION**,” fill in the following information:
 - a. Device Type – Check the appropriate box to indicate what type of grease control device you are registering. If it is buried outside, it is an exterior device. (Some exterior devices are actually interior type devices installed outside. The liquid capacity of these devices is usually less than 500 gallons. If you have an interior device, it will be either in-floor (lid is at floor level) or under-sink (sits on top of the floor).
 - b. Device Size – Exterior type devices are sized in gallons of capacity, and interior type devices are sized by the flow rate in gallons per minute (GPM) and physical grease capacity in pounds (LBS) they are designed to handle. (All devices with a volume of less than 500 gallons must be Plumbing & Drainage Institute rated)
 - c. Manufacturer, Model Number – USED FOR INTERIOR DEVICES ONLY, leave blank if unavailable.
8. Under “**COMMERCIAL FOG HAULER INFORMATION**,” fill in the following information:
 - a. Commercial Grease Hauler Used – Check “Yes” or “No” to specify whether a company cleans your device, and indicate the name of the company, if known.
 - b. Fryer Oil Hauler Used – Check “Yes” or “No” to specify whether a company picks up your used fryer oil, and indicate the name of the company, if known.

For more information regarding the GCD registration and inspection, please contact the FOG Program Manager at fog@vbgov.com.