

**MORONGO
BAND OF
MISSION
INDIANS**



A SOVEREIGN NATION

**Food Service Establishment (FSE) Inspection Report
For Fats, Oils, & Grease (FOG) Program**

EHS Facility No. _____ Date of Inspection: _____

<i>Name of Discharging FSE:</i>	<i>Lower Explosive Limit (LEL):</i> _____ <i>Oxygen (O₂):</i> _____ <i>Hydrogen Sulfide (H₂S):</i> _____ <i>Carbon Monoxide (CO):</i> _____
<i>Location of Discharging FSE:</i>	<i>pH Reading taken? () Yes () No pH Level:</i> _____ <i>Grease Interceptor Capacity Exceeded? () Yes () No</i> <i>Interceptor/Separator Pumping Required? () Yes () No</i> <i>Excessive Odors Noted? () Yes () No</i>
<i>Mailing Address:</i>	<i>Are Additives/Emulsifiers used in the drain system at this facility?</i> <i>() Yes () No</i> <i>If Yes, what type?</i> _____ <i>Hour / Duration of Inspection:</i> _____ <i>Hr</i> _____ <i>Min</i>
<i>FOG Removal System(s/#): Recycle Bin(/) Vault(/) Trap(/) Big Dipper(/) Manual(/) Other[Specify] _____ None()</i>	<i>FOG Removal System Capacity:</i> _____ <i>(Volume in Gallons)</i> <i>Plumbing Condition? Foreign Objects? () Y () N</i>

Best Management Practices (BMPs) applied:

Garbage (Grinder) Disposal Unit: Yes ___ No ___ Drain Screen: Yes ___ No ___ Method(s) of Food / Solids Disposal: _____

Grease/Cooking Oil Storage Unit Location: () In () Out _____ Covered/Bermed: _____ Discharge to Sewer: _____

Training Records Available: Yes ___ No ___ BMPs Posted: Yes ___ No ___ Water Temp. <150°F - Measurement _____

Equipment Washing Procedures: Does this facility utilize an automatic dishwashing system? () Yes () No

Location of cleaning mats, etc. (in/out): _____

If out, is area covered/bermed? _____

Discharge to grease trap? Yes ___ No ___

Discharge to Stormwater System? Yes ___ No ___

Grease Control Device Maintenance Records:

Records at Establishment: Yes ___ No ___ Cleaning Firm or Hauler: _____ Date Last Serviced: _____

Cleaning on a Schedule: Yes ___ No ___ If yes, what schedule? _____

Samples Collected? Yes ___ No ___ Photographs Taken? Yes ___ No ___ Describe: _____

Required Actions/Comments _____

Results of Re-Inspection: _____ Date: ___/___/___

Contact Name and Title: _____ **Signature:** _____

Inspector: _____ **Date:** _____