



The City of Daytona Beach
Fats, Oils, and Grease Program
Quarterly Grease Trap Self-Cleaning Manifest

Customer name: _____

Physical Address: _____

Date of Biweekly Cleaning	Grease Trap Condition?	Baffle intact and unobstructed?	Estimated grease cap (inches)	Estimated bottom solids (inches)	Total Trap Depth (inches)
Month 1					
Month 2					
Month 3					

Certification: I certify that the above information is true and accurate. I further certify that said device was completely pumped and cleaned. I understand that falsification of this information may be a violation of the local code and ordinances and I may be subject to enforcement action in accordance with the provisions set forth therein.

Signature: _____ Date: _____

Submit to: FOG@codb.us

(386)-671-8987

FogBMP.com