



Department of Public Works

Food Service Establishment (FSE)

Grease Control Device (GCD) Registration Form

This form and the instructions are available for download at www.smithfieldva.gov **Registration due March 31, 2010.**

Please complete a separate registration form for EACH grease control device 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:	<input type="checkbox"/> Southern	<input type="checkbox"/> Sports Grill	<input type="checkbox"/> Italian	<input type="checkbox"/> Steakhouse
	<input type="checkbox"/> Ice Cream	<input type="checkbox"/> BBQ	<input type="checkbox"/> Commercial Cafeteria	<input type="checkbox"/> Sandwich/Soup
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Western	<input type="checkbox"/> Grocery	<input type="checkbox"/> Middle Eastern
	<input type="checkbox"/> Smoothies	<input type="checkbox"/> Chinese	<input type="checkbox"/> Corporate Cafeteria	<input type="checkbox"/> Burgers
	<input type="checkbox"/> Pizzeria	<input type="checkbox"/> Mexican	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Seafood
	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Coffee House	<input type="checkbox"/> Day Care	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Church
	<input type="checkbox"/> Caterer	<input type="checkbox"/> Care Institution	<input type="checkbox"/> Other _____	

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

GCD Location/Type: Exterior Interceptor Interior Under Sink Trap Interior Floor Trap

GCD Size: _____ gallons lb gpm

GCD Manufacturer (If unknown, leave blank): _____

GCD Model (If unknown, leave blank): _____

GCD Service Company (If unknown, leave blank): _____

Cleaning Frequency: Daily Bi-Weekly Weekly Quarterly Annually

Yellow/Fryer Grease Rendering Company: _____

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

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

(Print Name)

(Signature)

(Date)

After completing, please print and submit the GCD Registration Form to the **FOG Inspector:**

Public Works Department -Town of Smithfield - P.O. Box 246 - Smithfield, VA 23431

Fax: (757) 357-9933