



**Request to Allow the Self-Cleaning of Grease Traps (50 gallons and smaller)
Food Service Establishments (FSE)**

Section A – General Information

1. Business Name: _____
2. PSB Registration Number: _____
3. Business Address: _____
4. Mailing Address (if different): _____
5. Contact Name (regarding this application): _____
6. Phone Number: _____ 7. Facsimile Number: _____
8. E-mail address (optional): _____

Section B – Grease Trap Information

1. Trap Location (provide diagram if necessary): _____

2. Trap Size (in gallons): _____

Section C – Self-cleaning

1. Name(s) and title of operator(s) (Attach additional sheets if necessary): _____

2. Operators' phone number: _____
3. Provide a detailed description of the proposed self-cleaning method, including cleaning materials, and proposed disposal¹ (Attach additional pages if necessary):

4. Please provide a signed certification statement by the authorized representative stating that all appropriate personnel has been properly trained in the above cleaning procedures.
5. Maintenance frequency (Attach proposed maintenance log): _____

Note: Self-cleaners must adhere to the procedures detailed in their approved application and the requirements established in Rule 15 of the Public Service Board. Maintenance logs shall include the following certification statement; the statement shall signed by the Operator: "I certify that all grease was removed and properly disposed. The grease trap was thoroughly cleaned, and its parts were replaced and/or in proper operating condition."

Section D – Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine

Name: _____ Title: _____

Signature: _____ Date: _____

¹ Please contact Solid Waste Management to ensure proposed disposal methods are acceptable.