



TOWNSHIP OF WEST WINDSOR

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RETAIL FOOD ESTABLISHMENT GREASE CONTROL PLAN APPLICATION

Directions - Completed Forms 1 and 2 to be submitted along with plans prepared by a licensed design professional to the West Windsor Township Health Department in conjunction or prior to application for Chapter 24 Code Review. The Grease Control Plan will be reviewed by Health, Engineering, Sewer Departments and Plumbing Subcode prior to the issuance of approval Form 3 should be submitted 30 days prior to operation of the facility.

Form 1. General Information

Name of Establishment: _____ Date: _____

Location: _____ Phone: _____

Owner: _____

Address: _____

Person to contact during review process: _____

Phone: _____ Fax: _____ Email: _____

Person to contact for construction issues: _____

Phone: _____ Fax: _____ Email: _____

Application Category: (Check all that apply)

Existing New Construction Renovation/Alteration

Change of Ownership Violation Abatement

Operation:

Hours: Weekdays: _____ Weekends: _____

Seating Capacity: _____ Square Footage: _____

Utensils/dishware utilized: Washable Disposable Both

Check all of the below descriptions that apply to your establishment.

- Food Market Restaurant Take Out Delivery Convenience Store
 Catering Coffee Shop Snack Bar Banquet Hall Pre-packaged Only
 Ice Cream Shop Seasonal

Describe the nature of operation of the facility:

Trash Disposal: Indicate which of the following disposal options are planned for the site.

- Dumpster Compactor Waste Oil Containers Other _____

Check to indicate each of the following conditions will be met.

- Receptacles will be leak-proof and provided with covers.
 Receptacle will not be equipped with drains that discharge leachate directly or indirectly into the sanitary or storm sewer.
 Receptacles will be located on an impervious surface.

Form 2. Design Information

Table #1 Grease Control Devices - List the proposed grease control equipment for this facility. The sizing calculations must be submitted for each unit.

Unit #	Type of Grease Control	Manufacturer	Model #	Capacity	Location
1					
2					
3					
4					
5					

Table # 2 Equipment Discharging into Grease Control Devices

List all sinks, floor drains, and food related equipment which discharge through grease control devices.

Equipment	Location	Capacity/discharge rate	Receiving GC Device (Table 1)
<i>Eg. Prep sink</i>	<i>Bakery</i>	<i>40 lbs.</i>	<i>#2</i>

Dishwashers: Is an automatic dishwasher located onsite? No Yes

Does the dishwasher discharge through the grease interceptor?
(If yes, please include in table #2) No Yes

Is a pre-rinse station provided adjacent to the dishwasher? No Yes

Have strainers been provided on all floor sinks? No Yes

Is there a food grinder or garbage disposal unit installed in this kitchen? No Yes

**Please note the installation of new disposal/grinders is prohibited in commercial establishments located in West Windsor Township.*

Explain the method used for sizing of grease control devices. Attach supporting calculations for each unit.

List below and detail any additional grease control equipment. Attach the manufacturer specifications.

Examples: biological additives, sensors, alarms, pumps, filters, solids separators, etc...

Certification

I hereby certify the information furnished on this application is accurate, true and reflects the information shown on the attached plans.

Signature of Applicant/Owner _____ Date _____

Signature of Design Professional _____ Date _____

For Township Use Only Application Fee Received _____

	Required	Revision Required	Approved	Comment
Health				
Engineering				
Plumbing Subcode				
Sewer				

FORM 3. Operational Grease Control Plan

Person Responsible for Grease Control Plan Implementation: _____

Phone: _____ Emergency Contact: _____

Interceptor Maintenance

1. Method of Cleaning: (Check all that apply.)

Self Cleaning (Attach a copy of written cleaning procedures.)

Professional Service

Name of Servicing Agent: _____

Address: _____

Phone: _____

Combination of self-cleaning and professional service. Describe below.

How often is the integrity of the interceptor self-inspected ? _____

2. Cleaning Intervals: (Check method used.)

Time Based _____/week_____/month_____/year

Inspection Based _____ INCHES = _____%CAPACITY

Frequency of self-inspection _____

Section VI. Waste Disposal

Black Oil – Method of Disposal: _____

Yellow Oil – Waste Oil Recycled ? Y N

Name of Renderer _____ Phone _____

Size of Onsite Storage _____ Location _____

Are waste containers stored on an impervious surface? _____

Spill Control Kit Onsite? Yes No

Where do you store manifests for waste oil? _____

Section VII. Employee Education

When and how are employees educated on Best Management Practices for Grease Control?

The following documentation should be maintained at your establishment.

- A schematic of the grease waste piping and control. (PLANS)
- Manufacturer specification sheets for grease control devices
- Grease Interceptor Maintenance Logs
- Grease Interceptor Self Inspection Logs
- Employee Education Logs
- Copy of site specific BMP's for Grease Control in Retail Food Establishments
- Manifests for Grease Waste Rendering
- Contracts and receipts for professional services

The following equipment should be located onsite.

- Access tools for grease control devices.
- Inspection tools for grease interceptors.
- Spill kits for grease spills.