



NORTH HUNTINGDON TOWNSHIP MUNICIPAL AUTHORITY FOG CONTROL EQUIPMENT MAINTENANCE FORM

All service records must be maintained on site and made available for inspection upon request by NHTMA for 3 years from date of service.

Facility Name: _____

FOG CONTROL EQUIPMENT SERVICE INFORMATION

Service date: _____ Time: _____ Service Frequency: _____

Equipment Size: _____

Physical Location: _____

Total waste removed (gallons): _____

FOG cap measurement (inches): _____ Solid measurements (inches): _____

Disposal Site Location: _____

Disposal Permit No.: _____

FOG Control Equipment Service Company
Name: _____

Address: _____

Phone: _____

Operator/Driver: _____

Signature: _____

FACILITY PERSONNEL VERIFICATION INFORMATION

Name: _____ Title: _____

Signature: _____ Date/Time: _____

**The Facility may utilize a service record/manifest form provided by the service provider in lieu of this form as long as all information listed is provided.*