City of Jackson FOG Program
FSE FOG Training Program

This form certifies the material and information reviewed with me by the City of Jackson FOG Program Inspector. Provide one copy of the signed form to the FOG Program Inspector and keep one copy on file in the FSE as confirmation of completed initial FOG Program training.

TO BE COMPLETED BY FSE OWNER/MANAGER

Your Name/Title: _____

FSE Name: _____

FSE Address: _____

Training performed by: _____ Date: _____
FOG Program Inspector

Fact Sheets:

- ☐ What is FOG?
- ☐ Permitting and Compliance Inspection
- ☐ Grease Trap Fact Sheet
- ☐ Grease Interceptor Fact Sheet
- ☐ FSE Best Management Practices

Forms:

- ☐ FSE Inspection Form
- ☐ FSE Employee Training Record
- ☐ Grease Control Device Maintenance Record
- ☐ Waste Hauler Manifest

Training Video: ☐ FOG Control video available on www.jacksonms.gov

FOG Control Posters: ☐ FOG Control posters (3) for posting on walls above sinks or other areas of the kitchen are available for download on www.jacksonms.gov

Acknowledgement: I certify that instruction has been given to me on the FOG Control Program and the required FOG training program for my FSE employees.

FSE Owner/Manager Signature: _____ Date: _____

Fats, Oils and Grease Control Program

Department of Public Works
200 S. President Street / PO Box 17
Jackson, MS 39205

FSE Employee Training Record

You, the owner/manager of the Food Service Establishment (FSE), must keep track of your employee training in good FOG management practices.

Keep this record on file in the FSE as confirmation of completed employee training in kitchen Best Management Practices (BMPs) and grease control device (GCD) maintenance.

TO BE COMPLETED BY FSE OWNER/MANAGER

Your Name/Title: _____

FSE Name: _____

FSE Address: _____

Employee Name	Trained In: BMPs	Trained In: GCDs	Date	Employee Signature	Mgr. Initials
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BMPS: Kitchen Best Management Practices GCDs: Grease Control Device Maintenance

City of Jackson FOG Program
FSE Employee Training Record

FSE Name _____

Employee Name	Trained In: BMPs	GCDs	Date	Employee Signature	Mgr. Initials
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BMPS: Kitchen Best Management Practices

GCDs: Grease Control Device Maintenance

Fats, Oils and Grease Control Program

Department of Public Works
200 S. President Street / PO Box 17
Jackson, MS 39205

Grease Control Device Maintenance Record

GCD Type: ☐ Outdoor grease interceptor ☐ Indoor grease trap ☐ Yellow grease container ☐ Sand/Oil Interceptor Capacity: _____ gal or lbs

Date of Inspection	25% Rule Met?	Cleaning Performed? (Y or N)	Repair Needed? (Y or N)	Description of Required Maintenance or Repair	Pumping Needed? (Y or N)	Date Pumped	Name of Licensed Waste Hauler	Volume Removed (gal)	Employee Initials
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Inspect units frequently as determined by manager. Weekly inspection recommended.

25% Rule: Thickness of grease (top layer) and solids (on bottom) must not be more than 25% or ¼ total depth. If greater than 25%, unit must be cleaned (interior grease trap) or pumped (exterior grease interceptor).