



This certification form must be completed by a "City Certified" Grease Waste Hauler or Plumber.

HGI CERTIFICATION (Form B)

City of Dothan, Alabama

Every food service establishment in Dothan, AL must have their hydro-mechanical grease interceptor (HGI) certified at a minimum of annually to verify that all components of the grease control equipment are present and in good working condition.

Facility Name: _____ Phone #: _____

Physical Address: _____ City: _____ Zip Code: _____

- | | <u>PASS</u> | <u>FAIL*</u> |
|--|--------------------------|--------------------------|
| 1. HGI completely emptied and cleaned before inspection? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 2. There is readily accessible access to all HGI chambers for cleaning? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 3. Flow control device is installed before HGI inlet or device waived by FOG Program? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 4. Flow control device orientation (flow direction) is correct or flow control device waived by FOG Program? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 5. HGI's flow control device is vented or flow control device waived by FOG Program? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 6. HGI has NO visible holes or leaks? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 7. Baffle(s) (inlet, middle and outlet...depending on design) are secure and operational? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 8. HGI does Not have signs of significant deterioration? | <input type="checkbox"/> | <input type="checkbox"/> |
| ----- | | |
| 9. No Sewer clean-out covers missing, damaged, or grated? (If N/A, enter "Pass") | <input type="checkbox"/> | <input type="checkbox"/> |

*** IMPORTANT REQUIRED INFORMATION & RESPONSE:** If the answer to any of the above questions is "Fail", the equipment does not meet requirements as stipulated in the FOG Ordinance. In the "Response Comments" section of this form, indicate what corrections are necessary to meet said requirements. Attach additional sheets if necessary.

Inspector Certification – The HGI (DOES) (DOES NOT) meet FOG Ordinance requirements.

I _____ of _____
(print name of grease waste hauler, or plumber) *(print company name)*

have determined that the above listed facility has a ___ gallons per minute / ___ pound capacity HGI. I have made a visual inspection of the HGI and attest that the information contained in the report is true and correct.

(signature) *(date)* *(phone number)*

Facility Owner/Manager

I _____ attest to the best of my knowledge the above
(print name)
statements to be true and correct. _____
(signature) *(date)*

SUBMIT ORIGINAL CERTIFICATION FORM TO:
City of Dothan, Attn: FOG Program, P.O. Box 2128, Dothan, AL 36302

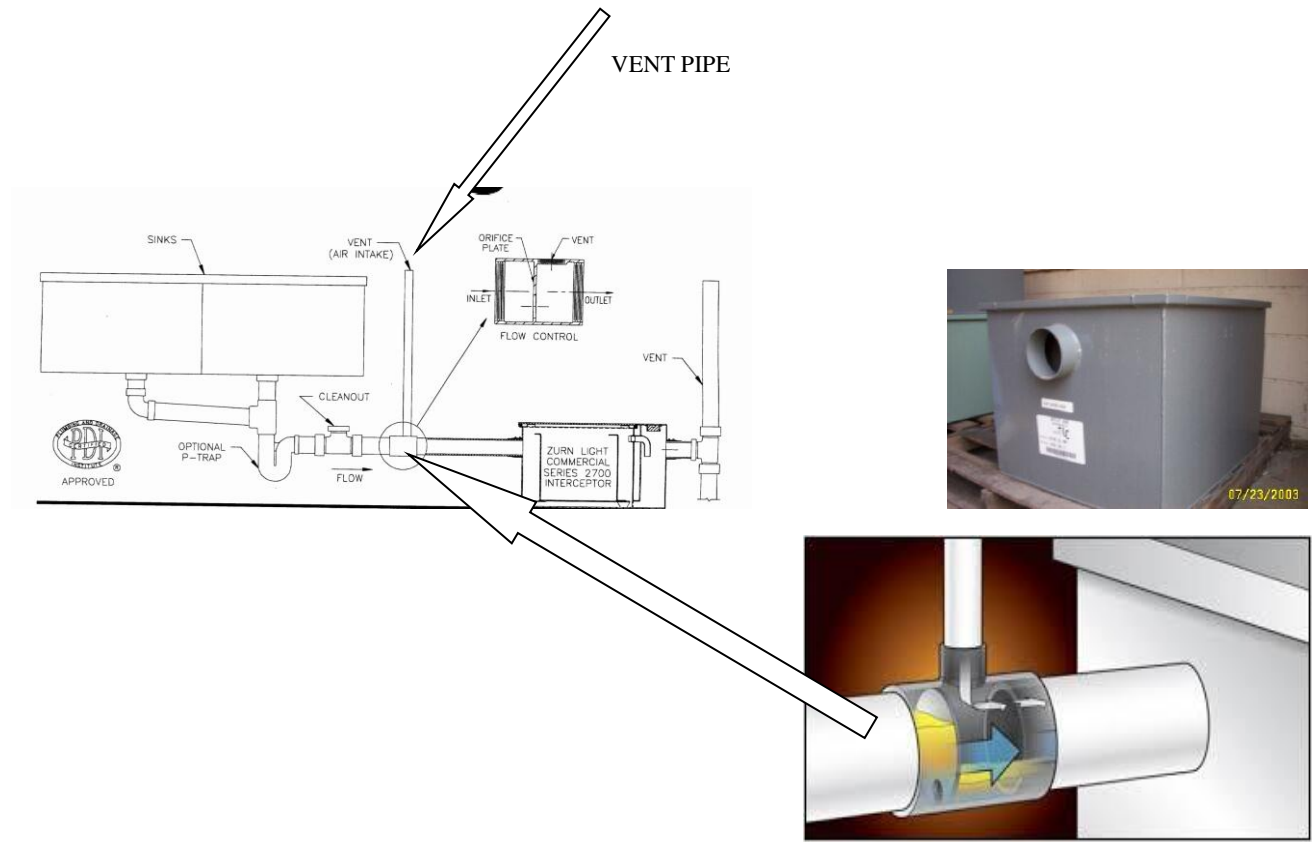
M
U
S
T

C
O
M
P
L
E
T
E

A
L
L

I
N
F
O
R
M
A
T
I
O
N

Typical Under the Sink Hydro-Mechanical Grease Interceptor (HGI) Installation Diagram



Flow Control Device (Key component)

RESPONSE COMMENTS (required if "FAIL" checked, identify problem, corrective action and provide planned date of corrective action):
