



INDUSTRIAL PRETREATMENT PROGRAM FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

BUSINESS INFORMATION

Company Name _____
Address _____ Apt/Suite No. _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax _____
Contact Person _____

Please describe your food preparation and clean up activities (check all that apply):

1. Baking Grilling Frying Vegetable prep Other (please describe):

2. Approximately how many customers do you serve per average day? _____
(this information is kept confidential)

3. Kitchen fixtures used in your establishment: (please indicate amount of each item)

3-compartment sink Bar sink Hand sink Mop sink
 Dishwasher Garbage disposal Floor drains

4. How are the following food by-products disposed of? (check all that apply)

	Sewer	Trash	Recycle
A. Solid Wastes:	_____	_____	_____
B. Oil & Grease:	_____	_____	_____
C. Liquid Wastes:	_____	_____	_____

5. Do you have a grease interceptor or trap? YES NO

**A grease interceptor is a large underground device designed to remove fat, oil, and grease from your kitchen wastewater. A grease trap is a small, similar device that is located under the sink. These are both different from your grease recycling bin.

If "NO," please sign, date, and return the questionnaire.

If "YES," please complete the questionnaire, sign, date, and return it.

6. What size (gallons) is the interceptor? _____

7. Is the interceptor functioning properly? YES NO

If "NO," please explain:

8. How often is the interceptor serviced? _____

9. When was the interceptor last serviced? _____

10. What is the average volume of waste which is removed from the interceptor when it is serviced? _____

11. What is the name and address of the business that services the interceptor?

12. Are service receipts available? YES NO

13. Which of the following kitchen fixtures are connected to your grease interceptor?
(please indicate amount of those that apply)

- | | | | |
|---|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 3-compartment sink | <input type="checkbox"/> Bar sink | <input type="checkbox"/> Hand sink | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Floor drains | |

Additional comments:

The information in this questionnaire is familiar to me and, to the best of my knowledge and belief is true, complete, and accurate.

(Name and title of signing official)

(Date)