

CITY OF PROVO
Industrial Pretreatment Program
FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

Company Name _____

Address _____

Contact Person _____

Phone/ fax _____

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

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)

_____ 3-compartment sink

_____ bar sink

_____ hand sink

_____ mop sink

_____ dishwasher

_____ garbage disposal

_____ 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.

Date

Name and title of signing official