



GOLETA SANITARY DISTRICT

Restaurant and Food Services Questionnaire

1. Restaurant Name: _____
Address: _____

2. Restaurant Owner: _____ Phone #: _____
Manager/Contact: _____ Phone #: _____
Property Owner: _____ Phone #: _____
Property Owner's Address: _____

3. a. Type of Restaurant and food served: _____
b. Seating capacity: _____ e. Days/Hours of Operation: _____
c. Number of Restrooms: _____ f. Busiest Hours: _____
d. Average # of employees: _____ g. Breakfast Lunch Dinner

4. a. Which does your facility have?
 Grease Interceptor Grease Trap Sampling Well None Available
b. If applicable, where is the exact location of the interceptor or trap? _____

c. Is there an established maintenance schedule? Yes No
When? _____

d. Grease Hauler: _____ Phone #: _____

e. Do you use a grease rendering service? Yes No

> It is the establishment's responsibility to keep waste manifest and hauling receipts from interceptor/trap maintenance, and receipts for grease rendering services onsite for district review.

5. Please check all wastewater generating activities and asterisk(*) or star all activities that discharge to a grease trap or interceptor.

- | | |
|--|---|
| <input type="checkbox"/> Cup/Glass Washer | <input type="checkbox"/> Pot Sink(s) #: _____ |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Restrooms #: _____ |
| <input type="checkbox"/> Floor Drain(s) #: _____ | <input type="checkbox"/> Self-Cleaning Hoods |
| <input type="checkbox"/> Floor Sink(s) #: _____ | <input type="checkbox"/> Soup Vat |
| <input type="checkbox"/> Garbage Can Cleaning | <input type="checkbox"/> Trash Compactor |
| <input type="checkbox"/> Garbage Grinder | <input type="checkbox"/> Vegetable Sink(s) #: _____ |
| <input type="checkbox"/> Grill Hood Cleaning | <input type="checkbox"/> Wok Range(s) #: _____ |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Other: _____ |

I hereby affirm that all provided information is correct to the best of my knowledge.

Name: _____ Title: _____

Signature: _____ Date: _____