

## **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. o Breakfast o Lunch o Dinner   |
| 4. | a. Which does your facility have?  |
|    | O Grease Interceptor O Grease Trap O Sampling Well O None Available  |
|    | b. If applicable, where is the exact location of the interceptor or trap?  |
|    |  |
|    | c. Is there an established maintenance schedule? O Yes O No  |
|    | When?  |
|    | d. Grease Hauler: Phone #:   |
|    | e. Do you use a grease rendering service?  O Yes O 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 <u>and</u> asterisk (*) or star all activities that discharge to a   |
|    | grease trap or interceptor:  |
|    |  |
|    | o Cup/Glass Washer o Pot Sink(s) #:  |
|    | o Dishwasher o Restrooms #:  |
|    | o Floor Drain(s) #: o Self-Cleaning Hoods  |
|    | o Floor Sink(s) #: o Soup Vat  |
|    | o Garbage Can Cleaning o Trash Compactor o Garbage Grinder o Vegetable Sink(s) #:  |
|    | o Garbage Grinder o Vegetable Sink(s) #:<br>o Grill Hood Cleaning o Wok Range(s) #:  |
|    | o Mop Sink o Other:  |
|    | I hereby affirm that all provided information is correct to the best of my knowledge.  |
|    | i nerest anni mat an provided information is correct to the sest of my knowledge.  |
|    | Name: Title:   |
|    | Signature: Date:   |