

**CITY OF GREELEY
INDUSTRIAL PRETREATMENT PROGRAM
FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE**

**Return to: Water Pollution Control Facility
300 East 8th Street
Greeley, CO 80631**

FAX: 970.350.9366

Company Name _____

Address _____

Contact Person _____

Phone and fax number _____

1. 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. Please indicate the **NUMBER** of kitchen fixtures used in your establishment:

_____ 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 and/or grease trap? **YES**_____ **NO**_____

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

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

6. What size (in gallons) is the interceptor/grease trap?_____

7. Is the interceptor/grease trap functioning properly? **YES**_____ **NO**_____

If "NO," please explain:_____

8. How often is the interceptor/grease trap serviced?_____

9. When was the interceptor/grease trap, last serviced?_____

10. What is the average volume of waste that is removed from the interceptor/grease trap after it is serviced?_____

11. What is the name and address of the business that services the interceptor/grease trap? _____

12. Are service receipts available? **YES** _____ **NO** _____

Please attach a copy of the most recent waste hauler receipt or waste hauler manifest.
(REQUIRED)

13. Which of the following kitchen fixtures are connected to your grease interceptor/grease trap? (Please indicate **NUMBER** of fixtures 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.

Print Name and Title of Signing Official

Signature of Official

Date