

**Fox Metro Water Reclamation District**  
**FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE**

Revised: 02/28/2005

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Engineering Firm/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility type (e.g. restaurant, grocer, bakery): \_\_\_\_\_

Types of food served (attach menu if available): \_\_\_\_\_

Approximately how many meals per day will be served? \_\_\_\_\_

About what percentage of meals will be eaten: at the facility? \_\_\_\_\_ ; as carry-out? \_\_\_\_\_

Meals served: \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snacks \_\_\_\_\_ N/A

Hours of operation: \_\_\_\_\_

How will food be prepared? (Please check all that apply. Please describe if "other".):

\_\_\_\_\_ Bake \_\_\_\_\_ Grill \_\_\_\_\_ Wok \_\_\_\_\_ Deep-Fry \_\_\_\_\_ Microwave \_\_\_\_\_ Other: \_\_\_\_\_

Will disposable plates and/or utensils be used to serve food? \_\_\_\_\_

If this is an existing facility, is there a grease separator, grease interceptor or grease trap currently in place? \_\_\_\_\_ Yes \_\_\_\_\_ No

Location: \_\_\_\_\_ Outside \_\_\_\_\_ In-Floor \_\_\_\_\_ Under Sink \_\_\_\_\_ Size: \_\_\_\_\_

If this facility is located in a strip mall, who is responsible for maintaining the grease separator, grease interceptor or grease trap?

\_\_\_\_\_ Tenant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Mgmt Co/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Wastewater Generating Fixtures Located in Food Preparation Area: (Note: All such fixtures, except for automatic dishwashers, should be plumbed to devices which have been approved by Fox Metro for the reduction of grease discharges into the sanitary sewer system.)					
Type	Yes/No	Length	Width	Depth	Notes
Triple Compartment Sink*					
Mop Sink					
Hand Sink					
Vegetable Sink					
Wok					
Pre-Rinse Sink					
Pot Sink					
Other:					
Other:					
Other:					

\* If all three compartments are the same size, note the size of one compartment. If different, please use notes area to include the dimensions of all three compartments.

Number of floor drains: \_\_\_\_\_

Is there an automatic dishwasher? \_\_\_\_\_

(Note: Wastewater discharges from automatic dishwashers are not to be routed through grease separators, grease interceptors or grease traps.)

Proposed grease discharge reduction device(s): \_\_\_\_\_

If this is a new facility, what is its anticipated opening date? \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Title \_\_\_\_\_ Phone: \_\_\_\_\_

For Fox Metro Engineering Personnel Only:	Permit Number: _____
Grease interceptor or grease separator required:	
_____ Exterior Rockford _____ Gallons	
_____ Exterior Proceptor _____ Gallons	
_____ Interior: Brand _____ Model # _____ Size _____	
Notes: _____	