



Payson City Corporation WWTP Pretreatment Program

FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

PHONE/FAX: _____

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. 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 devices are different from your grease recycling bin.

If NO, please sign, date and return the questionnaire. (bottom of page 2)
If YES, please complete the questionnaire, sign, date, and return the questionnaire. (see page two)

6. What size (gallons) is the interceptor or trap? _____

7. Is the interceptor or trap functioning properly? Yes No

If NO, please explain: _____

8. How often is the interceptor or trap serviced? _____

9. When was the interceptor or trap last serviced? _____

10. What is the average volume of waste which is removed from the interceptor or trap when it is serviced? _____

11. What is the name, address and contact information for the business that services the interceptor or trap? (For grease trap if FSE services the device please indicate)

Name _____

Address _____ City _____ Zip _____

Phone No. _____

12. Are service receipts available? Yes No

13. Are cleaning/maintenance logs available? Yes No

14. Which of the following kitchen fixtures are connected to your grease Interceptor or trap? (please indicate all that and how many there are of each)

_____ 3-compartment sink	_____ bar sink
_____ hand sink	_____ mop sink
_____ dishwasher	_____ garbage disposal
_____ floor drains	

Additional comments: _____

I am familiar with the information contained in this questionnaire and swear that the information is true complete and accurate. If any of the answers to questions contained in the questionnaire change, the business will notify Payson City of the proposed change(s). Notification does not constitute approval of the proposal change(s).

Signature of Official

Date