



FOOD SERVICE ESTABLISHMENT GREASE REMOVAL DEVICE SURVEY

Please see directions for completing this form on the reverse side.

1. Facility Name: _____
 2. Facility Contact: _____
 3. Mailing/Billing Address: _____
 4. Contact Telephone Number: _____ 5. Facility Telephone Number: _____
 6. Email Address: _____
 7. Facility Address: _____

8. Establishment Type:

<input type="checkbox"/> Bakery	<input type="checkbox"/> Daycare	<input type="checkbox"/> School Cafeteria
<input type="checkbox"/> Brewery	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Sports Grill
<input type="checkbox"/> Coffeehouse	<input type="checkbox"/> Grocery	<input type="checkbox"/> Steakhouse
<input type="checkbox"/> Commercial Cafeteria	<input type="checkbox"/> Hotel	<input type="checkbox"/> Winery
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Pizzeria	
<input type="checkbox"/> Corporate Cafeteria	<input type="checkbox"/> Restaurant	

9. Hours of Operation: _____ 10. Seating Capacity: _____
 11. Meals Served: Breakfast Lunch Dinner Lounge 12. Number of Meals Served Per Day: _____
 13. Is There Food Preparation on the Premises: Yes No If No, skip to bottom of page, sign and submit.

14. Food Type (Check all that apply):

<input type="checkbox"/> Asian	<input type="checkbox"/> Ice Cream	<input type="checkbox"/> Pizza	<input type="checkbox"/> Southern
<input type="checkbox"/> Barbecue	<input type="checkbox"/> Italian	<input type="checkbox"/> Sandwich/Soup	<input type="checkbox"/> Western
<input type="checkbox"/> Burgers	<input type="checkbox"/> Mexican	<input type="checkbox"/> Seafood	
<input type="checkbox"/> Doughnuts/Pastries	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Smoothies	
<input type="checkbox"/> Other: _____			

15. Number of Fixtures:

<input type="checkbox"/> Deep Fryers	<input type="checkbox"/> Tilt Kettles	<input type="checkbox"/> 3-Compartment Sinks	<input type="checkbox"/> Floor Sinks
<input type="checkbox"/> Grills	<input type="checkbox"/> Wok Ranges	<input type="checkbox"/> Dishwashers	<input type="checkbox"/> Low Temp Sanitizer
<input type="checkbox"/> Ovens	<input type="checkbox"/> 1-Compartment Sinks	<input type="checkbox"/> Garbage Disposals	<input type="checkbox"/> Pre-Wash Sinks
<input type="checkbox"/> Stove	<input type="checkbox"/> 2-Compartment Sinks	<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Mop Sinks
<input type="checkbox"/> Other: _____			

16. Grease Removal Device (GRD) Location/Type (Include additional devices in blank boxes):

Location	Size	Manufacturer / Model (if unknown, leave blank)
Exterior Grease Inceptor	<input type="checkbox"/> Gal <input type="checkbox"/> lb. <input type="checkbox"/> gpm	
Interior Under Sink Trap	<input type="checkbox"/> Gal <input type="checkbox"/> lb. <input type="checkbox"/> gpm	
Interior Floor Trap	<input type="checkbox"/> Gal <input type="checkbox"/> lb. <input type="checkbox"/> gpm	
	<input type="checkbox"/> Gal <input type="checkbox"/> lb. <input type="checkbox"/> gpm	
	<input type="checkbox"/> Gal <input type="checkbox"/> lb. <input type="checkbox"/> gpm	

17. GRD Cleaning Frequency (How often do you clean the GRD?):

<input type="checkbox"/> Daily	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually

18. Who Cleans GRD? Self Vendor/Contractor 19. Date of Last Cleaning: _____
 20. GRD Service Company: _____
 21. Yellow/Fryer Grease Rendering Container on Site? Yes No
 22. Yellow/Fryer Grease Rendering Company: _____

I, _____ certify that to the best of my knowledge the above information is correct.
 (Print Name and Title)

 (Signature)

 (Date)

DIRECTIONS FOR COMPLETING SURVEY

1. **Facility Name:** This is the name of the Food Service Establishment.
2. **Facility Contact:** Name of person at the facility to contact.
3. **Mailing/Billing Address:** Mailing address of the facility.
4. **Contact Telephone Number:** The facility contact's telephone number.
5. **Facility Telephone Number:** The telephone number of the facility.
6. **Email Address:** The email address of the facility contact.
7. **Facility Address:** The physical address of the facility.
8. **Establishment Type:** Indicate the type of Food Service Establishment. If "Other", write in box provided.
9. **Hours of Operation:** The hours the facility is open.
10. **Seating Capacity:** The number of people who can be seated in the facility, in terms of both the physical space available and limitations set by law.
11. **Meals Served:** Check the box next to the meal that the facility serves daily. You may check as many boxes as necessary.
12. **Number of Meals Served Per Day:** Please provide approximation of total number of meals served per day. For Daycare facilities enter the number of children cared for.
13. **Food Preparation:** Answer "Yes" if any food preparation occurs at the facility.
14. **Food Type:** Check the box next to the type(s) of food prepared and/or served in the facility. You may check as many boxes as necessary. If "Other", write in a simple description. For Daycare facilities enter the number of children cared for. For Barbecue's, enter maximum number of guests. If none apply, write "none" beside "Other".
15. **Number of Fixtures:** Please enter the number of each type of fixture used/installed.
16. **GRD Location/Type:**
 - **Location:** A large, in-ground GRD located outside the facility should be denoted as an "Exterior Grease Interceptor". If the GRD is indoors and under the sink, it should be denoted as "Interior Under Sink Trap". If the GRD is indoors and under the floor, it should be denoted as "Interior Floor Trap".
 - **GRD Size:** If the GRD is indoors and aboveground, the size can usually be found labeled on the device. In other circumstances, the GRD servicing company will be able to provide the approximate volume in gallons. Use an approximate volume if appropriate.
 - **GRD Manufacturer/Model:** If the GRD manufacturer and model is known, enter here; if not, state unknown.
17. **GRD Cleaning Frequency:** Enter the frequency (or approximate frequency) that the GRD is cleaned.
18. **Who Cleans GRD:** Indicate whether your GRD is cleaned by "Self" (i.e. employee or owner) or if device is cleaned by an external agency.
19. **Date of Last Cleaning:** Enter date of that last time GRD was cleaned.
20. **GRD Servicing Company:** If an external agency services the GRD, enter the name here.
21. Check the box next to the type(s) **Yellow/Fryer Grease Rendering Container Onsite:** A rendering container is the container used to collect yellow grease (fryer grease or any grease that DOES NOT come into contact with wastewater) until it is picked up for recycling. If you have such a container on site, mark "Yes", otherwise, mark "No".
22. **Yellow/Fryer Grease Rendering Company:** Enter the name of the company contracted to pick up yellow grease for recycling if you answered "Yes" to #21 above.

If you have questions or need assistance completing this form, please contact Andria Swann, Clark Regional Wastewater District, at 360-993-8833, or at aswann@crwwd.com.



Please complete this form and submit to: **Andria Swann**
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P.O Box 8979
Vancouver, WA 98668-8979
Or
Fax to 360-750-7570