



# CITY OF GOLDEN

## DEPARTMENT OF PUBLIC WORKS, ENVIRONMENTAL SERVICES DIVISION GREASE CONTROL QUESTIONNAIRE

This questionnaire is designed for Restaurants, Cafeterias, and Fast Food Services. Please completely fill out the questionnaire. Remember to sign and date it on the back. If you should have any questions please do not hesitate to call the number listed at the bottom of this sheet.

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

**Business Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Owner/Manager:** \_\_\_\_\_

**Is this business located in a residential home:** Yes No

**Mailing Address** (If different from above)

\_\_\_\_\_  
\_\_\_\_\_

**Days of Operation:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**Seating Capacity:** \_\_\_\_\_ **Number of meals served per day:** \_\_\_\_\_

**Menu Type:** American \_\_\_\_\_ Asian \_\_\_\_\_ Italian \_\_\_\_\_ Mexican \_\_\_\_\_ Other \_\_\_\_\_

**In the area below please show a layout of the facility and indicate the quantity of all the fixtures**

\_\_\_\_\_

Grill
Mop/Floor sink
Pot sink
Vegetable sink
Floor Drains
Dishwasher
Wok Stove
Oven
Deep Fryer
2 compartment sink
3 compartment sink
Hand sinks
Garbage Disposal
Toilets

<b>Does this facility have a Grease Interceptor?</b> (Outside, underground)	Yes	No
What is the capacity of the interceptor? (in gal.)	_____	
How often do you pump your interceptor?	_____	
Which pumping company do you use?	_____	
<b>Does this facility have a Grease Trap?</b> (Under the sink)	Yes	No
Where is the trap located?	_____	
What is the capacity of the grease trap? (in lbs.)	_____	
How often do you maintain your grease trap?	_____	
Who is your pumper?	_____	
<b>Does this facility use a Grease Receptacle?</b> (Container Outside )	Yes	No
Where is the receptacle located?	_____	
What is the capacity of the receptacle? (in gal.)	_____	
How often do you maintain your receptacle?	_____	
Who is your grease recycler?	_____	

**Remember to keep a copy of all documented invoices from when your pumper/recycler provides service to your facility.**

**"I certify that the above information is true and accurate to the best of my knowledge."**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notes**