

**SHORT FORM SURVEY - MOBILE FOOD SERVICE**

Company Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

Name of environmental contact person: \_\_\_\_\_

*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)*

**Section A: Operation Description**

1. **Type of food sold:** \_\_\_\_\_

2. **Food is:**  Prepared in the vehicle  Purchased pre-made  Prepared by your company at the following address: \_\_\_\_\_

4. **Where do you wash dishes?** \_\_\_\_\_ 5. **Number of Mobile Units** \_\_\_\_\_

**Section B: Food Preparation Facility Description (skip this section if you purchase food pre-made)**

**1. Location of food preparation facility: (check all that apply)**

- Club / Organization  Company / Office Building  Hospital  Home Kitchen  Mall / Food Court  
 Nursing Home  Prison  Religious Institution  School  Stadium / Amusement Park  
 Stand-alone Restaurant  Supermarket  Strip Mall (attached)  Other \_\_\_\_\_

**3. Major equipment used for food preparation at this facility: (check all that apply)**

- Charbroiler  Deep Fat Fryer  Flat Top Range  Griddle  Grill  Oven  
 Rotisserie  Tilt Kettle  Warming Drawer  Wok  Other \_\_\_\_\_

**4. Fixtures in the bar, kitchen, cleanup, and food prep areas: (check all that apply)**

- 3-Compartment Sink  Dishwasher  Disposer  Floor Drain  Hand Sink  Mop Sink  
 Other \_\_\_\_\_

**Section C: Waste Management**

**Trash / Solid Waste Disposal**

1. **Type of collection receptacle(s):**  Cans  Dumpster  Compactor  Other \_\_\_\_\_

2. **Location(s) of collection receptacle(s):** \_\_\_\_\_

3. **Frequency of pick-up:** \_\_\_\_\_ 4. **Trash removal service (business name):** \_\_\_\_\_

5. **Do you share the use of the trash receptacle(s)?**  Yes  No

**6. Cooking Oil Disposal**

Type	Buckets/Drums	Dumpster	Collection System	None
Frequency of Pick-up				
Location				

**Wastewater Grease Control**

7. Does your company have a grease trap(s) or interceptor(s)?  Yes  No

8. Location of grease trap(s)/interceptor(s):  Inside  Outside

9. Size (capacity) of grease trap(s)/interceptor(s): \_\_\_\_\_

10. How often do you clean the grease control device?  Daily  Weekly  Biweekly  Monthly   
Bimonthly  Quarterly  Semiannually  Annually  As Needed  Other \_\_\_\_\_

11. Grease trap service contractor (business name): \_\_\_\_\_

12. Briefly describe storage areas for chemicals and liquid materials such as boiler treatment, cooking oil, gasoline, oil, paint, sanitizers, as well as any spill protection devices in use at the facility.

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

**Section D: Certification**

*I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.*

\_\_\_\_\_  
Printed name of Authorized Representative\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title\*

\_\_\_\_\_  
Telephone Number

\*Surveys must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

**Disclosure:** Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions or comments?

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

For further information, please contact the Riverside Park Water Reclamation Facility at (509) 625-4639.  
City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939  
FAX: 625-4605