

SHORT FORM SURVEY - RESTAURANTS

Company Name: _____ Telephone Number: (____) _____

Mailing Address: _____ Facility Address: _____

Does this business have a connection to the sewer system? Yes No

(If "No", Get Authorized Signature on the back, Stop Here, and Return Form in Envelope Provided)

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. Number of seats in the dining room: _____

2. Type of service: Take out/delivery Dine-in only Both

3. Average Number of Employees _____ 4. Expected daily average number of meals: _____

5. Do you wash Plates? Yes No 6. Days/Hours of Operation: _____

Section B: Facility Description

1. Type of food service facility: (check all that apply)

- Bakery Bar (drinks only) Cafeteria Catering Coffee Shop Commissary Deli
 Espresso Stand Fast Food Food Packager Full Service Dine-in Ice Cream Shop Meat Processor
 Prepared Food Assembly Take Out Other _____

2. Location of food service facility: (check all that apply)

- Club / Organization Company / Office Building Hospital Hotel / Motel 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. 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