

**City of Plymouth Wastewater Treatment Facility
FOOD ESTABLISHMENT GREASE CONTROL QUESTIONNAIRE**

A. General Information

1. Facility Name: _____ Contact Person: _____
Location Address: _____ Mailing Address: _____
_____ (if different) _____

2. Number of Employees: 1st Shift _____ 2nd shift _____ 3rd shift _____
3. Number of Days of Operation per week: _____

B. Operational Characteristics

1. Provide a brief description of production process or service activity. _____

2. Do you use deep fryers? [] YES [] NO
If yes, how do you dispose of used grease? _____

3. How do you dispose of waste food? _____

4. Are any chemicals, liquid additives, or other compounds used to clean grills and fryers?
[] YES [] NO If yes, please list. _____

C. Water and Wastewater Information

1. Does your facility discharge wastewater from any source other than restrooms to a sanitary or storm sewer? [] YES [] NO If yes, what is the source of the waste water? _____

2. Does your facility discharge any liquids, chemicals, or compounds into a sanitary or storm sewer? [] YES [] NO If yes, please list what is discharged. _____

3. Does your facility have any waste materials or chemicals (including used cooking oil) removed by a waste hauler? [] YES [] NO If yes, what is the material or chemical and who is the hauler? _____

