



City of Bainbridge Island

Fog Program

Sanitary Sewer User Survey — Food Services

Contact Information

Business Name:	Email Address:
Mailing Address:	Site Address:
Contact Person & Title:	Telephone #:

Type of Establishment

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Event Hall	<input type="checkbox"/> Hotel	<input type="checkbox"/> Hospital	<input type="checkbox"/> Bar	<input type="checkbox"/> Deli
<input type="checkbox"/> Market/Grocery	<input type="checkbox"/> Food Manufacturing Facility	<input type="checkbox"/> Other -Describe:			

What type of food service permit does this facility hold (mark most relevant box below)

<input type="checkbox"/> Full Prep	<input type="checkbox"/> Minimal Prep	<input type="checkbox"/> No Prep	<input type="checkbox"/> Other:
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Days & Hours of Operation:	Maximum Seating Capacity:
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Average number of meals/people served per day: _____

Equipment

Does your establishment have any of the following equipment (mark all that apply)

<input type="checkbox"/> Automatic Dishwasher	<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Broiler	<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Hot Grill
<input type="checkbox"/> Garbage Grinder/Food Disposal	<input type="checkbox"/> Other:			

Do you have any of the following, and does it discharge to a grease removal device or straight to sewer?

Equipment Type	How Many?	<input type="checkbox"/> Device	<input type="checkbox"/> Sewer	Comments
Dishwasher		<input type="checkbox"/>	<input type="checkbox"/>	
In-Sink Grinder		<input type="checkbox"/>	<input type="checkbox"/>	
Pre-Rinse Sink		<input type="checkbox"/>	<input type="checkbox"/>	
Three Compartment Sink		<input type="checkbox"/>	<input type="checkbox"/>	
Mop Sink		<input type="checkbox"/>	<input type="checkbox"/>	
Woks		<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous Fixtures		<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous Fixtures		<input type="checkbox"/>	<input type="checkbox"/>	

Number of floor drains & their locations: _____

Do you have an Exhaust Filter? Yes No If Yes, how often is it cleaned? _____

Who cleans the filter? _____ Where are they cleaned? _____

Do you have floor mats? Yes No If yes, how often are they cleaned? _____

Who cleans the mats? _____ Where are they cleaned? _____

Does your establishment have an Indoor grease device Outdoor Grease Device Yes N/A

Location of grease trap or interceptor: _____ Size of device: _____

How often is the grease trap or interceptor cleaned? _____

Who cleans the grease trap or interceptor? _____

Do you use a grease removing enzyme? Yes No N/A

Check the box below which best describes what you will be returning with this survey:

A Maintenance Log Copy OR A Recent Service Invoice

Do you use a service to remove spent grease? Yes No N/A

If Yes, what service do you use? _____

Food Preparation

Indicate type of foods prepared on-site:

- Meats Salads Items w/Dairy Bread/Pastry Soup Desserts

Indicate type of methods used on-site:

- Baked Fried Grilled Raw

If meats, fish, or poultry are used, indicate whether it is:

- Pre-cooked Prepared and cooked on-site.

Pounds of meat cut per day:

Method of disposal of meat cutting waste:

Comments

We would like to hear from you, please include any comments or suggestions you may have for regarding this program: (optional)

Multiple empty lines for entering comments.

Certificate of Survey Accuracy:

I certify under penalty of law, that this document, and any attachments, were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those people directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations. I also acknowledge receipt of the City of Bainbridge Island’s Food Services Best Management Practices.

Signature of Owner/Contact

Title

Date

Printed Name of Owner/Contact

For more information, see link below to view the City’s FOG webpage:

<https://www.bainbridgewa.gov/1158/FOG-Fats-Oils-Grease-Program>