



Restaurant & Food Service Grease Handling Questionnaire

GENERAL INFORMATION

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION (WILL BE USED FOR CERTIFIED MAIL)

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Fax Number: _____

Email Address: _____

Signature: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

Restaurant: Yes No If no, please describe: _____

Year built: _____ Square footage: _____ Occupancy: _____

Average number of meals per day: Breakfast _____ Lunch _____ Dinner _____

Days of operation: Su _____ M _____ T _____ W _____ Th _____ F _____ S _____

Hours of operation: _____

Percentage of meals prepared on site: _____

Quantify food usage in pounds per month for the following items:

Meats: _____

Fish: _____

Poultry: _____

Dairy Products: _____

Oils/Shortening: _____

Salad Dressing: _____



PLEASE COMPLETE THE FOLLOWING INFORMATION (CONTINUED)

Do you maintain records of any inspections by government agencies? Yes No Explain: _____

Check any items that are present:

Floor Drain Mop Sink Triple Sink Double Sink Hand Sink Dishwasher Garbage Disposal

Are the architectural and/or plumbing plans available? Yes No

The next set of questions refer to the Grease Control Equipment (GCE)

Is there a grease trap inside the building? Yes No

If yes: What size? _____

How often is it cleaned? _____

Who cleans it? _____

Date of last cleaning: _____

Is there a grease interceptor outside? Yes No

If yes: What size? _____

How often is it cleaned? _____

Who cleans it? _____

Date of last cleaning: _____

Do you maintain a record of plumbing and GCE maintenance? Yes No

Number of deep fryers used on site: _____ How is waste deep fryer oil disposed? _____

Do the cooking appliances capture grease drippings from the cooking process? Yes No

If yes, how are the drippings disposed of? _____

Who hauls away the cooking grease? _____

How often is the cooking grease hauled away? _____

Please return the completed form to: SD1
Attn: Industrial Monitoring Department
2999 Amsterdam Road
Villa Hills, KY 41017