



Grease Control Program Survey

FSE Name _____

FSE Address _____

Mailing Address _____

Owner(s) Name _____

Owner(s) Telephone Number _____ Owner(s) Email: _____

Manager Name _____

Manager Telephone Number _____ Mgr. Email: _____

FSE Hours: Opening Time _____ /Closing Time _____

Type of Grease Control Device(s)

In-Ground Outside Grease Trap(s)

Yes No

Number of In-Ground Outside Grease Trap(s) _____

Size of the Trap(s) _____ gallons

Under-the-Counter Grease Trap(s)

Yes No

Number of Under-the-Counter Grease Trap(s) _____

Size of the Trap(s) _____

In-the-Floor Grease Trap(s)

Yes No

Number of In-the-Floor Grease Trap(s) _____

Size of the Trap(s) _____

Under-the-Counter/In-the-Floor Grease Traps are typically rated in gallons per minute or in pounds.

List any other grease control device being utilized at the FSE: _____

Is the grease trap cleaned/pumped regularly; if so please explain. _____

Owner/Manager (Print)

Owner/Manager (Signature)

Date