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 Greases 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_______