

**Food Service / Retail Food Establishment**

**Facility Information Form**

Name of Establishment: \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Owner: \_\_\_\_\_

On-Site Contact/Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Days / Hours of operation: \_\_\_\_\_

Are the Traps / Interceptors inspected on a monthly basis ?  Yes  No

Are the Traps / Interceptors cleaned out on a regular basis ?  Yes  No

Frequency: \_\_\_\_\_

Person or Company performing cleanouts: \_\_\_\_\_

Name of the Hauler / Recycler: \_\_\_\_\_

Are additives used in the grease interceptor (i.e. enzymes, bacteria) ?  Yes  No

Are employees trained in the proper handling and disposal of oil and grease ?  Yes  No

Have any major changes / modifications been completed at this establishment in the past year ? If yes, please describe.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any planned for the upcoming year ? If yes, please describe.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_