



GREASE TRAP/GREASE INTERCEPTOR SURVEY

TO BE COMPLETED BY PROPERTY OWNER

CITY OF SARNIA

FATS, OILS AND GREASE MANAGEMENT PROGRAM

Date of survey: (mm/dd/yy) _____

If your property or building has more than one business located on it, this survey must be completed for each business located on the property.

1	Facility or business name:			
2	Facility or business address:	Street #:	Street:	Unit #:
		Postal Code:	Phone number:	
3	Property Owner's Name, Address and Phone No	Name:	Street #/Street:	
		City:	Postal Code:	
		Phone number:		
		Email:		
4	Contact Person:	Phone number:		
5	Please circle the type of property or facility you fall under.			
	Restaurant	Fast Food Establishment		
	Mobile food vendor	Food Prep/Manufacturing		
	Bakery	Food Processor		
	Grocery store(with food counter)	Banquet Hall		
	Other (specify type): _____			
6	Hours of Operation			
	Business Hours:	Week days: _____	Weekends: _____	
	Staff or prep hours:	Week days: _____	Weekends: _____	
7	Type(s) of Foods/Beverages (if possible please attach your menu or a copy)			
	_____ _____ _____			
8	Grease Trap/Grease Interceptor			
	Do you have a grease trap/grease interceptor on your food premise(s)? (circle one)			
	YES NO			
	If yes, is it indoors, outdoors, or do you have both? (circle one) indoors outdoors both			
	If no, what is your reasoning for not having a grease trap/grease interceptor?			
	_____ _____			

9	Common Grease Interceptor					
	Are you are located in a retail center or plaza? (circle one) <u>YES</u> <u>NO</u>					
	Do you share a grease interceptor with other establishments? (circle one) <u>YES</u> <u>NO</u> <u>DON'T KNOW</u>					
	If you share a common interceptor, who is responsible for the maintenance? _____					
10	Grease Management Devices					
	(please check all the apply)					
		<u>YES</u>	<u>NO</u>	<u>NUMBER</u>	<u>CAPACITY</u>	<u>WASTE HAULER'S NAME</u>
	Exterior Grease Interceptor (in-ground style)	_____	_____	_____	_____	_____
	Interior Grease Trap (under sink, under counter or sub-floor style)	_____	_____	_____	_____	_____
	How is your grease trap/grease interceptor maintained? (circle one)					
	Waste Hauler (MOECC Certified)		Don't clean		Don't know	
	Self clean		Other, please specify: _____			
11	Grease Trap/Interceptor pump-out frequency					
	bi-weekly	30-day	60-day	90-day	(circle one)	
	If none of the choices above apply, please specify frequency: _____					
12	Automatic dishwashers					
	Do you have an automatic dishwasher? (circle one) <u>YES</u> <u>NO</u>					
	Where is your dishwasher located in connection to your grease trap? (circle one)					<u>Before</u> <u>After</u>
13	Spent/used grease or oils					
	Do you recycle spent/used grease or oils? (such as deep fryer grease/oil) (circle one) <u>YES</u> <u>NO</u>					
	How do you dispose of your cooking grease/oil? _____					
	(please indicate all that apply to your facility)					
		<u>NUMBER</u>	<u>CAPACITY</u>	<u>WASTE HAULER'S NAME</u>		
	Grease Dumpster/Drum	_____	_____	_____		
	Recycling Holding Tank	_____	_____	_____		
14	Sinks					
	How many sinks does your facility have for washing pots and pans? _____					
	How many of these sinks are connected to a grease trap? _____					

15	Sewer blockages/backups
	Have you experienced blockages or sewer backups at the facility you operate? (circle one) <u>YES</u> <u>NO</u>
16	Health Implications
	Are you aware that grease may attract vermin/rodents? (circle one) <u>YES</u> <u>NO</u>
17	Certification Statement
	<p>I, _____, am authorized to represent this facility and certify that the information provided on this survey is accurate and complete.</p> <p>Authorized Facility Representative's Signature: _____</p> <p>Name (printed): _____</p> <p>Title: _____</p> <p>Date: _____</p>
THANK YOU!	
Thank you for completing this voluntary survey BEFORE November 27th, 2015 . Please return your survey to fogprogram@sarnia.ca or call (519) 332-0330 ext. 2245 to arrange otherwise.	