



Food Service Establishment Questionnaire

Date: _____
Facility Name: _____
Phone: _____ **Fax:** _____ **Email:** _____
Physical Address: _____
Mailing Address: _____
On-site Contact: _____ **Title:** _____
(Please PRINT or TYPE)
Signature of Respondent: _____ **Respondent's Name:** _____
(Please PRINT or TYPE)

Section A: General Information

1. SCDHEC Permit Number (if applicable): _____

2. Hours of operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

3. Enter the **number** of all kitchen fixtures that are used in your operation:

Fixture Type	Number	Fixture Type	Number	Fixture Type	Number
Under counter dishwasher	_____	Deep Fryers	_____	Auto Potato Peeler	_____
4-Compartment Sink	_____	Wok	_____	Garbage Disposal	_____
3-Compartment Sink	_____	Grill	_____	Steam Warmer	_____
2-Compartment Sink	_____	Stove	_____	Tilt Kettle	_____
1-Compartment Sink	_____	Oven	_____	Tilt Rice Steamer	_____
Handwash Sink	_____	Microwave	_____	Meat Slicer	_____
Power Wash Sink	_____	Ice Machine	_____	Meat Grinder	_____
Clothes Washer	_____	Ice Box	_____	Meat Band Saw	_____
Rack Dishwasher	_____	Rotisserie	_____	Ice Cream Machine	_____
Conveyor Oven	_____	Griddle	_____	Yogurt Machine	_____
Mop/Can Wash Basin	_____	Floor Drains	_____	Other (list in Comments below)	_____

Comments:

4. Total square footage of service area: _____ sq ft

5. Total square footage of kitchen and other food prep areas: _____ sq ft

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Food Service Establishment Questionnaire

6. Including restaurant and bar seats, how many are **inside:** _____ **Outside:** _____

7. Percentage of meals prepared on-site: _____ %

8. Do you use disposal dinnerware? Yes No

9. Describe the type of foods that are served (or attach a menu):

10. Is your facility on sewer or septic tank?

Sewer *Who is the sewer provider?* _____

Septic Tank

11. Does the dumpster pad have a drain?

Yes *If "Yes," where does it drain to?* _____

No

Section B: FOG Control Device Information

1. Does your facility have a FOG Control Device (i.e., "grease trap," grease interceptor, etc.)?

Yes *If "Yes," answer Questions 2 through 5*

No *if "No," skip to Question 5*

2. Type and size of FOG Control Device:

FOG Trap (located inside, typically beneath the sink)

20 gpm 40 gpm 75 gpm Other (specify): _____ gpm

FOG Interceptor (in the ground, typically outdoors)

1,000 gal 1,500 gal 2,000 gal Other (specify): _____ gal

3. How frequently is the FOG Control Device cleaned?

FOG Trap (located inside, typically beneath the sink)

Daily Weekly Biweekly Other (specify): _____

FOG Interceptor (in the ground, typically outdoors)

Monthly Quarterly Every 6 Months Other (specify): _____

4. Do you maintain records for when FOG Control Devices are cleaned and serviced? Yes No

5. Additional information:

Surveys must be completed and returned to the OJRSA within 15 days of receipt to:

Oconee Joint Regional Sewer Authority
ATTN: Regulatory Services Coordinator
623 Return Church Road
Seneca, South Carolina 29678
info@ojrsa.org