



# Food Service Establishment Questionnaire

All restaurants or other food service facilities that discharge to the Ypsilanti Community Utilities Authority Wastewater Treatment Plant are required to complete a Food Service Establishment Questionnaire. Please return the completed questionnaire along with your Wastewater Discharge Survey. Use current operating data, if available, or your best estimate based on similar types of businesses.

Answer all questions: **Please Print**

1. Facility Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Facility Manager/Owner: \_\_\_\_\_  
Facility Phone #: \_\_\_\_\_
4. Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_
5. Building Owner: \_\_\_\_\_
6. a. Type of facility (i.e. fast food, dinner house, etc.): \_\_\_\_\_  
b. Type of food served: \_\_\_\_\_  
c. Is food prepared from scratch: \_\_\_\_\_  
d. Food will be served on \_\_\_\_\_ disposable \_\_\_\_\_ washable dishes
7. a. Average number of employees: \_\_\_\_\_ b. Days/hours of operation: \_\_\_\_\_  
c. Seating Capacity \_\_\_\_\_  
d. Busiest hours of day: \_\_\_\_\_  
e. Maximum number of meals served per hour: \_\_\_\_\_  
f. Peak process discharge rate to sanitary sewer: \_\_\_\_\_ Gal/hr.
8. Wastewater generating activities/points of discharge:

**(Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Cup/Glass Washer       | <input type="checkbox"/> Pot Sink(s) # _____       |
| <input type="checkbox"/> Dishwasher             | <input type="checkbox"/> # of Compartments _____   |
| <input type="checkbox"/> Floor Drain(s) # _____ | <input type="checkbox"/> Sanitary (restrooms)      |
| <input type="checkbox"/> Floor Sink(s) # _____  | <input type="checkbox"/> Self-cleaning Hoods       |
| <input type="checkbox"/> Garbage Can Cleaning   | <input type="checkbox"/> Soup Vat                  |
| <input type="checkbox"/> Garbage Grinder        | <input type="checkbox"/> Trash Compactor           |
| <input type="checkbox"/> Grill Hood Cleaning    | <input type="checkbox"/> Vegetable Sink(s) # _____ |
| <input type="checkbox"/> Wok Range(s) # _____   | <input type="checkbox"/> Mop Sink                  |

( ) Other \_\_\_\_\_

9. a. Dishwasher make/model #: \_\_\_\_\_ Flow rate: \_\_\_\_\_  
b. Temperature range of dishwasher water: 140°F
10. a. Do you have a grease trap/interceptor installed: \_\_\_\_\_  
b. Size and type of unit: \_\_\_\_\_  
c. Location: \_\_\_\_\_  
\*(Provide a diagram showing grease trap/interceptor location)  
d. Distance from dishwasher (if applicable): \_\_\_\_\_  
e. Frequency of maintenance: \_\_\_\_\_  
f. Grease hauler's name: \_\_\_\_\_ Phone #: \_\_\_\_\_
11. a. Do you use a renderer or tallow hauler: \_\_\_\_\_  
b. If yes, can you provide receipts: \_\_\_\_\_  
c. If no, how do you dispose of your grease waste: \_\_\_\_\_  
\_\_\_\_\_
12. a. Is construction: \_\_\_ new \_\_\_ remodel \_\_\_ expansion  
b. If existing, when was facility established: \_\_\_\_\_
13. The information submitted in this questionnaire is accurate to the best of my knowledge and is based on (check one):  
( ) Current operating data ( ) Best estimate based on \_\_\_\_\_  
\_\_\_\_\_  
( ) Other: \_\_\_\_\_
14. Completed by: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Signature: \_\_\_\_\_

Additional Comments: