



CITY OF SUMNER WASHINGTON

Food Service Establishment Grease Removal Device Survey

- 1. Facility Name:
2. Facility Contact:
3. Mailing/Billing Address:
4. Contact Telephone Number:
5. Facility Telephone Number:
6. Email Address:
7. Facility Address:

8. Establishment Type:

Table with 3 columns and 6 rows listing establishment types: Bakery, Brewery, Coffeehouse, Commercial Cafeteria, Convenience Store, Corporate Cafeteria, Day Care, Fast Food, Grocery, Hotel, Pizzeria, Restaurant, School Cafeteria, Sports Grill, Steakhouse, Winery.

9. Hours of Operation:
10. Seating Capacity:

11. Meals Served: Breakfast, Lunch, Dinner, Lounge
12. Number of meals served per day:

13. Is there food preparation on the premises: Yes No

14. Food Type (Check all that apply):

Table with 4 columns and 6 rows listing food types: Asian, Barbeque, Burgers, Doughnuts/Pastries, Other, Ice Cream, Italian, Mexican, Middle Eastern, Pizza, Pub, Sandwich/Soup, Seafood, Smoothies, Southern, Western.

15. Number of Fixtures:

Table with 4 columns and 6 rows listing fixtures: Deep Fryers, Grills, Ovens, Stove, Other, Tilt Kettles, Wok Ranges, 1-Compartment Sinks, 2-Compartment Sinks, 3-Compartment Sinks, Dishwashers, Garbage Disposals, Floor Drains, Floor Sinks, Low Temp Sanitizer, Pre-Wash Sinks, Mop Sinks.

16. Grease Removal Device (GRD) Location/Type (Include additional devices in blank boxes):

Table with 3 columns: Location, Size (Gal, lb, gpm), Manufacturer / Model (if unknown, leave blank). Rows include Exterior Grease Inceptor, Interior Under Sink Trap, Interior Floor Trap, and blank rows.

17. GRD Cleaning Frequency (How often do you clean the GRD?):

Table with 3 columns and 2 rows listing cleaning frequencies: Daily, Monthly, Bi-Weekly, Quarterly, Weekly, Annually.

18. Who cleans GRD? Self Vendor/Contractor
19. Date of last cleaning:

20. GRD Service Company:

21. Yellow/Fryer Grease Rendering Container on site? Yes No

22. Yellow/Fryer Grease Rendering Company:

I, certify that to the best of my knowledge the above information is correct.

(Print Name and Title)

(Signature)

(Date)

Please see directions for completing this form attached or on the reverse side.

## Directions for Completing Survey

1. *Facility Name:* This is the name of the Food Service Establishment.
2. *Facility Contact:* Name of person at the facility to contact.
3. *Mailing/Billing Address:* Mailing address of the facility.
4. *Contact Telephone Number:* The facility contact's telephone number.
5. *Facility Telephone Number:* The telephone number of the facility.
6. *Email Address:* The email address of the facility contact.
7. *Facility Address:* The physical address of the facility.
8. *Establishment Type:* Indicate the type of Food Service Establishment. If "Other", write in box provided.
9. *Hours of Operation:* The hours the facility is open.
10. *Seating Capacity:* The number of people who can be seated in the facility, in terms of both the physical space available, and limitations set by law.
11. *Meals Served:* Check the box next to the meal that the facility serves daily. You may check as many boxes as necessary.
12. *Number of meals served per day:* Please provide approximation of total number of meals served per day. For Day Care facilities enter the number of children cared for.
13. *Food Preparation:* Answer "Yes" if any food preparation occurs at the facility.
14. *Food Type:* Check the box next to the type(s) of food prepared and/or served in the facility. You may check as many boxes as necessary. If "Other", write in a simple description. For Day Care facilities enter the number of children cared for. For B&B's, enter maximum number of guests. If none apply, write "none" beside "Other".
15. *Number of Fixtures:* Please enter the number of each type of fixture used/installed.
16. *Grease Removal Device (GRD) Location/Type:*
  - *Location:* A large, in-ground GRD located outside the facility should be denoted as an "Exterior Grease Interceptor". If the GRD is indoors and under the sink, it should be denoted as "Interior Under Sink Trap". If the GRD is indoors and under the floor, it should be denoted as "Interior Floor Trap".
  - *GRD Size:* If the GRD is indoors and aboveground, the size can usually be found labeled on the device. In other circumstances, the GRD servicing company will be able to provide the approximate volume in gallons. Use an approximate volume if appropriate.
  - *GRD Manufacturer/Model:* If the GRD manufacturer and model is known, enter here; if not, state unknown.
17. *GRD Cleaning Frequency:* Enter the frequency (or approximate frequency) that the GRD is cleaned.
18. *Who cleans GRD:* Indicate whether your GRD is cleaned by "Self" (i.e. employee or owner) or if device is cleaned by an outside company.
19. *Date of last cleaning:* Enter date of that last time GRD was cleaned.
20. *GRD Servicing Company:* If an outside company services the GRD, enter the name here.
21. Check the box next to the type(s) *Yellow/Fryer Grease Rendering Container Onsite:* A rendering container is the container used to collect yellow grease (fryer grease or any grease that DOES NOT come, into contact with wastewater) until it is picked up for recycling. If you have such a container on site, mark "Yes", otherwise, mark "No".
22. *Yellow/Fryer Grease Rendering Company:* Enter the name of the company contracted to pick up yellow grease for recycling if you answered "Yes" to #21 above.

If you have questions or need assistance completing this form, please contact Andria Swann, City of Sumner Pretreatment Coordinator, at 253-299-5713, or at [andrias@sumnerwa.gov](mailto:andrias@sumnerwa.gov).



Please complete this form and submit to:  
Andria Swann, Pretreatment Coordinator  
City of Sumner Public Works  
1104 Maple Street  
Sumner, WA 98390