Sumner – Bonney Lake Joint Pretreatment Program
1104 Maple Street, Sumner, WA 98390
Office: (253) 299 - 5760

Food Service Establishment Screening Form

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:

☐	Bakery	☐	Day Care	☐	School Cafeteria
☐	Brewery	☐	Fast Food	☐	Sports Grill
☐	Coffeehouse	☐	Grocery	☐	Steakhouse
☐	Commercial Cafeteria	☐	Hotel	☐	Winery
☐	Convenience Store	☐	Pizzeria	☐	
☐	Corporate Cafeteria	☐	Restaurant	☐	

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 served on the premises: Yes ☐ No ☐
14. Food Type (Check all that apply):

☐	Asian	☐	Ice Cream	☐	Pizza	☐	Smoothies
☐	Barbeque	☐	Italian	☐	Pub	☐	Southern
☐	Burgers	☐	Mexican	☐	Sandwich/Soup	☐	Western
☐	Doughnuts/Pastries	☐	Middle Eastern	☐	Seafood	☐	
☐	Other:						

15. Number of Fixtures:

☐	Deep Fryers	☐	Tilt Kettles	☐	3-Compartment Sinks	☐	Floor Sinks
☐	Grills	☐	Wok Ranges	☐	Dishwashers	☐	Low Temp Sanitizer
☐	Ovens	☐	1-Compartment Sinks	☐	Garbage Disposals	☐	Pre-Wash Sinks
☐	Stove	☐	2-Compartment Sinks	☐	Floor Drains	☐	Mop Sinks
☐	Other:						

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

Location	Size	Manufacturer / Model (if unknown, leave blank)
Exterior Grease Inceptor	☐ Gal ☐ lb. ☐ gpm	
Interior Under Sink Trap	☐ Gal ☐ lb. ☐ gpm	
Interior Floor Trap	☐ Gal ☐ lb. ☐ gpm	

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

☐	Daily	☐	Bi-Weekly	☐	Weekly
☐	Monthly	☐	Quarterly	☐	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.

If you have any questions or need assistance completing this form, contact the SBL Joint Pretreatment Program at (253) 299-5760 or email at SBLpretreatment@sumnerwa.gov.

Send the completed, signed application and attachments to:

City of Sumner Public Works Department
Attn: Sumner - Bonney Lake Joint Pretreatment Program
1104 Maple Street, Sumner, WA 98390

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 Served:* Answer " Yes" if any food service 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 number 21 above.