|  ***CITY OF SPRINGFIELD, OREGON***Development and Public Works Department ENVIRONMENTAL SERVICES division |  | *225 FIFTH STREET* *SPRINGFIELD, OR 97477**(541) 726-3694**FAX (541) 726-2309**www.springfield-or.gov* |
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Date

General Manager/Owner

Restaurant Name

Number and Street

Springfield, OR 97477

**SUBJECT: Required Management Practices for Food Service Facilities**

The City of Springfield is required by federal regulations to survey businesses discharging into the regional wastewater collection system. The information obtained from this survey will be used to assist businesses in the proper disposal of wastes for protection of the environment, the wastewater collection system, collection system workers, and the wastewater treatment facility. Your help and cooperation, by completing the enclosed Grease Trap Survey, is vital to the success of our environmental program.

The enclosed survey consists of 16 questions and will take approximately 10 minutes to complete. Please answer the questions on the survey form to the best of your knowledge and return to the City of Springfield.

Please call me at (541) 726-3675 with any questions about the survey form.

Thank you for your cooperation in helping to protect our community’s waterways.

Sincerely,

Marcia Miller

Environmental Services Technician

Enclosure

c: Industry File

**City of Springfield Grease Disposal Survey**

**Business Name and Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: For the purpose of this survey, Grease Trap implies Grease Trap or Grease Interceptor.**

1. Does your facility have a grease trap? 🞎 Yes, Size: \_\_\_\_\_ gal/lb 🞎 No 🞎 Don’t know

2. If your facility has a grease trap, where is it located? 🞎 Inside Building 🞎 Outside

3. If your facility has a grease trap, please indicate the frequency cleaned:

 🞎 Weekly 🞎 Monthly 🞎 Every 6 months 🞎 Other, specify

 Cleaned by: 🞎 Licensed Hauler \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Self \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the trap is not cleaned by a hauler, how is the grease disposed of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How do you dispose of used cooking grease (such as deep fryer grease)?

🞎 Dumpster 🞎 Sanitary sewer

 🞎 Storm sewer 🞎 Rendered, Name of Rendering Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How do you dispose of food wastes and scraps? 🞎 Dumpster 🞎 Sanitary sewer 🞎 Storm sewer

🞎 Garbage Disposal 🞎 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does your facility use an automatic dishwasher? 🞎 Yes 🞎 No

7. If your facility has an automatic dishwasher, is it connected to a grease trap? 🞎 Yes 🞎 No

8. How many sinks does your facility have that are used for washing pots and pans? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are these sinks connected to a grease trap? 🞎 Yes 🞎 No

10. How are grill hoods, screens, and oversized pans cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Does your facility have a Type 1 hood? 🞎 Yes 🞎 No

12. If your facility has a wok stove, is it connected to a grease trap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. If your facility has a garbage disposal/grinder, is it connected to a grease trap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. If your facility has a floor sink or drain, is it connected to a grease trap? 🞎 Yes 🞎 No

15. Does your facility use bacterial additives/enzymes in the grease trap? 🞎 Yes 🞎 No

 If yes, what brand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16.  Survey completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please contact Emily Lane at (541) 736-7124 with questions regarding this survey.**

**The completion of this survey is required under the authority of Springfield Municipal Code 4.036.**

**Please return this survey by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for your cooperation.**