



Fox Metro

Water Reclamation District

682 State Route 31, Oswego Illinois 60543-8500

Office: (630) 301-6855

FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

Business Name: _____

Street Address: _____

Mailing Address: _____

Owner/Manager: _____ Phone: _____

Engineering Firm/Contact Person _____ Phone _____

Type of Facility (e.g. restaurant, grocer, bakery): _____

Type of Food Served (attach menu if available): _____

Meals served: ___ Breakfast ___ Lunch ___ Dinner ___ Snacks ___

What percent will be eaten at the facility? _____ What percent will be carry-out? _____

Hours of Operation: _____

Type of food preparation (check all that apply):

Bake ___ Grill ___ Wok ___ Deep-fry ___ Microwave ___ Other _____

Will disposable plates and utensils be used to serve food? _____

Is there a grease interceptor already installed? _____

Location: _____ Size: _____

If this is a strip mall, who will be responsible for the grease interceptor maintenance?

Tenant ___ Management Company/ Property Owner ___

Contact Name: _____ Phone _____

Wastewater Generating Fixtures Located in Food Preparation Area:

| Type | Yes/No | Length | Width | Depth | Notes |
|--------------------------|--------|--------|-------|-------|-------|
| Triple Compartment Sink* | | | | | |
| Mop Sink | | | | | |
| Hand Sink | | | | | |
| Vegetable Sink | | | | | |
| Wok | | | | | |
| Pre-Rinse Sink | | | | | |
| Pot Sink | | | | | |
| Other | | | | | |
| Other | | | | | |
| Other | | | | | |

* If all three compartments are the same size, note the size of one compartment. If different, please use notes area to include the dimensions of all three compartments.

Number of Floor Drains: _____

Is there an automatic dishwasher? _____

Anticipated opening date: _____

Person Completing This Form: _____

Title _____ Phone: _____

For Fox Metro Personnel Only:

Grease Interceptor Required:

Min. Size: _____ Max. Size: _____

*note that the minimum size unit will require more frequent cleaning and will not allow for future growth of the facility.

Notes: _____

Supervisor: _____

Date: _____