

QUESTIONNAIRE – GREASE TRAPS

1. NAME OF ESTABLISHMENT: _____
2. ADDRESS OF ESTABLISHMENT: _____
3. DOES YOUR ESTABLISHMENT HAVE A GREASE TRAP? _____
4. WHAT SIZE GREASE TRAP DOES YOUR ESTABLISHMENT HAVE?
CAPACITY IN GALLONS: _____
5. HOW IS THE GREASE TRAP MAINTAINED? ON A DAILY BASIS? BY AN IN-HOUSE PERSON OR
BY AN OUTSIDE CLEANING SERVICE?

6. WHAT IS THE FREQUENCY THAT THE GREASE IS REMOVED FROM THE TRAP?

7. WHAT IS THE NAME OF THE FIRM WHO REMOVES AND/OR PICKS UP THE GREASE FROM
YOUR ESTABLISHMENT?

8. WHAT IS THE DATE OF YOUR LAST INVOICE FROM THE REMOVAL FIRM?

9. TODAY'S DATE: _____