



Fats, Oils & Grease Program City of St. Augustine

Facility Survey

Please return completed survey to:
City of St. Augustine
Public Works Department
P.O. Box 210
St. Augustine, FL 32085-0210
Phone: 904-825-1040
Fax: 904-209-4286

Please Print. Complete all fields to the best of your knowledge; leave unknown information blank.

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1. Facility/Business Name: _____

Physical Address:

Mailing Address:

Contact Name: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

2. Does this business own or rent the building? Own Rent

Property Owner's Name: _____ Phone Number: _____

Address: _____

3. Please choose the one category that best describes this facility:

Full Service Restaurant Coffee Shop Supermarket Company / Office building

Single Service Restaurant Bakery Convenience Store Hotel / Motel / Inn

Carry-Out Only School Nursing Home Club / Organization

Bar / Tavern Hospital Commissary for Mobile Food Facility

Other, please describe: _____

4. Facility seating capacity: _____

5. Please list hours open for business:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

6. Meals served:

Breakfast Lunch Dinner Snacks Food Prep / Catering only

7. Please indicate how many of the following are in your kitchen:

Fryer # _____ Single bay sink # _____ Pre-rinse sink # _____ Garbage Disposal # _____

Grill # _____ Two bay sink # _____ Mop sink # _____

Oven # _____ Three bay sink # _____ Dishwasher # _____

8. If grills and/or ovens are used in your facility, what type of exhaust hood cleaning system is used?

Automatic cleaning system Manual cleaning system

If manual, where are the filters cleaned? Offsite (contractor) Onsite, please describe _____

9. Does this facility recycle used grease? Yes No

If yes, where is it stored? Inside building Outside building

Name of Recycling Company _____ Phone # _____

10. Please complete the following for each grease trap/interceptor in place:

Device 1:	Device 2:
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Date Installed: _____	Date Installed: _____
Grease capacity (Lbs) _____ and/or Size (Gal): _____	Grease capacity (Lbs) _____ and/or Size (Gal): _____
<input type="checkbox"/> Passive (manual) <input type="checkbox"/> Automatic	<input type="checkbox"/> Passive (manual) <input type="checkbox"/> Automatic
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
<input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground	<input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground
Location on premises: _____	Location on premises: _____
_____	_____

No grease trap or interceptor is currently used

11. Are cleaning and maintenance logs kept? Yes No

If yes, location they are kept _____

12. How often are the grease trap(s)/interceptor(s) cleaned?

Daily Weekly Bi-weekly Monthly
 Quarterly Every 6 Months Yearly Never

13. If an indoor grease trap is cleaned, where is the waste disposed of?

Trash Mixed with other grease onsite and hauled off by contractor

14. If a contractor is used for cleaning the grease trap(s)/interceptor(s), please list the following:

Company Name: _____ Phone #: _____

Is this company under contract, or used as needed? Contract As needed

15. Are any additives used to maintain the grease traps? Yes No

If yes, please check: Enzymes Bacteria Chemicals Other, please list _____

Please attach a copy of the Material Safety Data Sheet (MSDS) for each product used.

16. What time of day is a manager or authorized representative available on-site for contact during the inspection, so as not to interfere with your busiest serving time? _____ (note: this does not guarantee inspection during this time)

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

Name (print): _____ Title: _____

Signature: _____ Date: _____

Please attach a copy of the menu and Material Safety Data Sheets from question 15.