

Grease Pretreatment Survey

PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.

Please send the completed form to the following address:

City of Salem
Environmental Services
1410 20th St SE Bldg 2
Salem OR 97302-1209

For Office Use Only

Record

Entered

Business Name _____ Date _____

Business Location _____

Business Mailing Address _____
Street or PO Box

_____ City State Zip

Name of Contact _____

Title _____ Phone _____

Email _____

Indicate how many grease interceptors you have and their sizes.

1. Gallons _____ Pounds _____ 3. Gallons _____ Pounds _____

2. Gallons _____ Pounds _____ 4. Gallons _____ Pounds _____

Where are interceptors located?

In the Floor On the Floor Outside Outside Underground

What type of food preparation do you do?

Bakery Coffee Deep Fryer Deli
 Full Meal Fast Food Grill Meat Cutting
 Pizza Sandwiches Wok
 Other _____

Which fixtures are connected to grease pretreatment?

None Dishwasher Floor Drains Grease Storage
 Hood Cleaner Kettle Cooker Mop Sink Pot Sink
 Three-Compartment Sink Approved Trash Area
 Other _____

Which fixtures are not protected?

How often are traps or interceptors cleaned or planned to be cleaned?

- Daily Weekly Monthly Quarterly
 As Needed New Installation
 Other _____

When were traps or interceptors last cleaned?

Who cleans the traps or interceptors?

- Employee Vendor _____

How is grease disposed of?

- Recycle Garbage Sink or Drain
 Vendor _____

Are chemical degreasers used in traps or drains?

- Yes No

Name of Person Completing This Form _____

Title _____ Phone _____

Email _____

Signature

Date