

CITY OF LOVELAND
INDUSTRIAL PRETREATMENT PROGRAM
Survey for Establishments Preparing or Serving Food

Section 1 – General Food Service Business Information

Name of Business: _____

“Doing Business As” (if different): _____

Local Address: _____

Phone Number: _____ Website Address: _____

If the Business is owned by a state-wide or national company with offices outside of Loveland, provide contact information for the state or national office:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

If the Business leases the property upon which the establishment is located, provide the following information:

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Check all that apply:

- | | | | |
|-----------------------------------------------------------|--------------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Assisted Living/
Nursing home | <input type="checkbox"/> Commissary | <input type="checkbox"/> Fish Market | <input type="checkbox"/> Mfg./Package |
| <input type="checkbox"/> Bar w/food | <input type="checkbox"/> Concession | <input type="checkbox"/> Grocery | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Hospital | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Coffee | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Deli | <input type="checkbox"/> Ice Cream/Yogurt | <input type="checkbox"/> School |
| | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Meat Processor | <input type="checkbox"/> Specialty Shop |
| | | <input type="checkbox"/> Mobile unit | <input type="checkbox"/> Theatre |

Other (specify): _____

Provide a Menu. If no menu – provide a list of the food prepared, served, etc.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat
Time Open							
Time Close							

Maximum seating capacity (in & out): _____

Number of meals prepared per day			
Breakfast	Lunch	Dinner	Other

Check applicable boxes

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| Dine-in: <input type="checkbox"/> Yes <input type="checkbox"/> No | Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Take-out: <input type="checkbox"/> Yes <input type="checkbox"/> No | Drive-thru: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cater: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

How is food prepared? (check all that apply):

- | | | |
|------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Bake | <input type="checkbox"/> Deep fryer | <input type="checkbox"/> Rotisserie |
| <input type="checkbox"/> Boil | <input type="checkbox"/> Flat Top Range | <input type="checkbox"/> Smoked |
| <input type="checkbox"/> Broil | <input type="checkbox"/> Grill/Griddle | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Buffalo Chopper | <input type="checkbox"/> Kettle | <input type="checkbox"/> Warming drawer |
| <input type="checkbox"/> Char-broiler | <input type="checkbox"/> Microwave | <input type="checkbox"/> Wok |
| <input type="checkbox"/> Crock pot | <input type="checkbox"/> Oven | <input type="checkbox"/> Pre-packaged |

Other devices (attach sheet if necessary):

What is the estimated water usage for this business? _____ gallons/ day or month

Section 2 – Equipment & Wastes

- | | | |
|------------------------------------------------------|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Dishwasher: ____ gpm | <input type="checkbox"/> 3 Comp sink, size ____ gal. | <input type="checkbox"/> Bar Sink |
| <input type="checkbox"/> Booster Heater | <input type="checkbox"/> 2 Comp sink, size ____ gal. | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Chemical sanitize | <input type="checkbox"/> 1 Comp sink, size ____ gal. | <input type="checkbox"/> Exhaust hood |
| <input type="checkbox"/> Garbage disposal: # of ____ | <input type="checkbox"/> Prep/Vegetable Sink | <input type="checkbox"/> Garbage can washer |

Number of: Floor sinks: _____ Floor drains: _____ Trench drains: _____

Other equipment (attach sheet if necessary):

Treatment

All establishments with the potential to discharge wastewater containing fats, oil, grease, or solids shall install a properly-sized grease removal device. When sizing the device consider the food prepared, business location (i.e. near major highway/interstate), hours of operation, etc.

All equipment with the potential to discharge wastewater containing fats, oil, grease, or solids shall discharge to the properly-sized grease removal device. **No outside drain** shall discharge to the sanitary sewer system.

The grease removal device **shall not** be located in the drive-thru lane and must be accessible for cleaning and inspection.

<i>Indicate which device is/will be used and the capacity.</i>	
<input type="checkbox"/> Grease Trap w/flow restrictor: _____ gpm	<input type="checkbox"/> Grease Interceptor: _____ gallons
Other (specify type & capacity): _____	

Who will be responsible for:

- Emptying waste from the grease removal device:
Repairs to the grease removal device:

- | | |
|--------------------------|--------------------------|
| Business | Property owner |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

How is Cooking oil and Fryer oil disposed?

- No cooking oil or fryer oil will be used.
- Dumped in drain to the grease removal device.
- Collected in bucket, drum, dumpster, or other storage container and recycled.
- Other method (explain): _____

Section 3 – Certification

Check the appropriate box:

- A. Sole Proprietorship/Partnership** - If the business is a Sole-Proprietorship or Partnership an authorized representative shall mean a general partner or the proprietor.
- B. LLC** - If the Business is an LLC an authorized representative shall mean a member or manager of the LLC.
- C. Corporation** - If the Business is a Corporation, the authorized representative shall mean the president, vice-president, secretary or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation.
- D. Government** - If the business is a federal, state, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility.

This form **must be signed by an Authorized Representative** of the business as described in A-D above.

- I certify that this document and all attachments submitted are, to the best of my knowledge and belief, true, accurate, and complete.
- I understand this facility will be required to maintain the grease removal device as directed by the City and that there are penalties for violations of City code, any control mechanism issued to the business, and for submitting false information.
- I agree to allow city staff access to the establishment to inspect the business or collect samples as necessary.

Printed Name of Authorized Representative

Title

Signature of Authorized Representative

Date