



Oil & Grease Prevention Program Facility Information Survey Grease Trap/Grease Interceptor Device

Water Reclamation Division • 407-254-7701 • Environmental.Compliance@ocfl.net

Please type or print. Complete this survey* in its entirety. Indicate "not applicable" where appropriate. Failure to provide necessary information may extend the registration process, delay the issuance of the Registration Certificate, and subject the user to enforcement actions, which may include penalties and fines, as set forth in Orange County Code, Chapter 37, Article XX, Sections 37-749 through 37-751.

1. General Facility Information

Name of Facility: _____

Contact Person: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

2. Ownership

Name of Owner: _____

Mailing Address: _____

Water/Sewer Utility Account Number: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

OC Building Permit Number (if applicable): _____

* Pursuant to Orange County Code, Chapter 37, Article XX, Section 37-754(h)(2).

3. Facility Type

- Restaurant
- Beverage Prep/Shop
- Hotel/Motel/Timeshare
- Other (specify type): _____
- Fast Food Establishment
- Food Prep/Manufacturing
- Food Processor

4. Hours of Operation

Business Hours: Weekdays: _____ Weekends: _____
Staff or Prep Hours: Weekdays: _____ Weekends: _____

5. Type(s) of Food/Beverages (if available, please attach a copy of the menu)

6. Type of Structure

- Freestanding Facility
- Attached Facility
- Kiosk

7. Structure History

- Existing Facility
- New Facility (Construction)
- Remodeled Facility

8. Water Meters

Utility Water Meter? Yes No Meter Number: _____
Submeter? Yes No Meter Number: _____

9. Seating Capacity (if available)

_____ People

Is the seating capacity defined by the Fire Department? Yes No

10. Expansion Plans

Is future expansion planned? Yes No

If yes, please describe. Attach additional sheets if necessary.

11. Number or Meals/Beverages (if available)

Approximate number of meals/beverages served per day: _____

Busiest days of the week: _____

Average number of meals/beverages served on busy days: _____

12. Kitchen Equipment (if available, please attach inventory)

Cookers:

	<u>Yes</u>	<u>No</u>	<u>Number</u>
Fryer	<input type="radio"/>	<input type="radio"/>	_____
Charbroiler	<input type="radio"/>	<input type="radio"/>	_____
Grill	<input type="radio"/>	<input type="radio"/>	_____
Stove	<input type="radio"/>	<input type="radio"/>	_____
Oven	<input type="radio"/>	<input type="radio"/>	_____
Oven Broiler	<input type="radio"/>	<input type="radio"/>	_____
Wok Stove	<input type="radio"/>	<input type="radio"/>	_____
Other:			
_____	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	_____

Sinks/Drains:

Strainers/Screens?

	<u>Yes</u>	<u>No</u>	<u>Number</u>
2-Compartment		<input type="radio"/>	_____
3-Compartment		<input type="radio"/>	_____
4-Compartment		<input type="radio"/>	_____
Hand		<input type="radio"/>	_____
Vegetable		<input type="radio"/>	_____
Mop		<input type="radio"/>	_____
Bar		<input type="radio"/>	_____
Floor Drains		<input type="radio"/>	_____
Other:			
_____		<input type="radio"/>	_____
_____		<input type="radio"/>	_____

Other Equipment:

	<u>Yes</u>	<u>No</u>	<u>Number</u>
Garbage Disposal	<input type="radio"/>	<input type="radio"/>	_____
Walk-in Cooler	<input type="radio"/>	<input type="radio"/>	_____
Dishwasher	<input type="radio"/>	<input type="radio"/>	_____
Hoods (over stoves, grills, and fryers)	<input type="radio"/>	<input type="radio"/>	_____
How are hoods cleaned and grease disposed of?			_____
If applicable, please include name of disposal company:			_____
Other:			
_____	<input type="radio"/>	<input type="radio"/>	_____
_____	<input type="radio"/>	<input type="radio"/>	_____

13. Food/Beverage Preparation (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Precooked Foods | <input type="checkbox"/> Grilled or Baked Meats |
| <input type="checkbox"/> Off-site Prepared Foods | <input type="checkbox"/> Fried Foods |
| <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Baked Goods |
| <input type="checkbox"/> Fresh Produce | <input type="checkbox"/> Wok Foods |
| <input type="checkbox"/> Canned Foods | <input type="checkbox"/> Catered Foods |
| <input type="checkbox"/> Beverages Prepped/Served | |

14. Cleanup Procedures

	<u>Yes</u>	<u>No</u>
Hand Wash Dishes	<input type="radio"/>	<input type="radio"/>
Hand Wash Pots and Pans	<input type="radio"/>	<input type="radio"/>
Use Disposable Dishes	<input type="radio"/>	<input type="radio"/>
Use Disposable Utensils	<input type="radio"/>	<input type="radio"/>
Use Mechanical Dishwasher	<input type="radio"/>	<input type="radio"/>
Use Mechanical Pots and Pans Washer	<input type="radio"/>	<input type="radio"/>

15. Wastewater Characteristics and Flows

(only applies to new facilities, new installations, or variance requests)

What is your facility's anticipated average daily flow or water consumption (in gallons per day)?
(flow records for a similar facility or menu may be used)

16. Recycling

If you do not recycle spent/used grease or oils, do you plan to initiate a recycling program in the future?

- Yes No

If you plan to initiate a recycling program, when will it begin?

17. Grease Management Devices

	<u>Yes</u>	<u>No</u>	<u>Number</u>	<u>Capacity (in gallons)</u>	<u>Hauler Name/ Manufacturer (if applicable)</u>
Grease Dumpster/Drum	<input type="radio"/>	<input type="radio"/>	_____	_____	_____
Recycling Holding Tank	<input type="radio"/>	<input type="radio"/>	_____	_____	_____
Exterior Grease Interceptor (in-ground style)	<input type="radio"/>	<input type="radio"/>	_____	_____	_____
Interior Grease Trap (under sink, under counter, or sub-floor style)	<input type="radio"/>	<input type="radio"/>	_____	_____	_____

18. Common Grease Interceptor

If you are located in a retail center or plaza, it is possible that more than one facility in the retail center or plaza may be connected to a common grease interceptor. Do you share a grease interceptor with other facilities? Yes No

If you share a common interceptor, who owns the facility or is responsible for the maintenance?

19. Grease Trap/Interceptor Pump-Out Frequency (check one)

I am currently on a weekly 30-day 60-day 90-day
grease trap/interceptor device pump-out schedule.

If none of the choices above apply, please specify frequency: _____

20. Construction Documents

(applies to all facilities that have four or more grease interceptor devices)

If you have four or more grease interceptor devices, please submit with this survey a copy of the "AS-BUILT" construction plumbing drawings, including the specifications, the facility layout (site plan), and the complete plumbing diagrams (schematics) showing the plumbing fixture(s) connected to the waste piping system with the flow direction indicated. Please also attach operation and maintenance procedures for the grease interceptor and the installation instructions for all grease handling equipment.

21. Certification Statement

I, as an authorized facility representative, certify that the information provided for the Oil & Grease Prevention Program Facility Information Survey, to the best of my knowledge, is accurate and complete. I understand that this survey will be reviewed by Orange County Utilities staff, and that if this facility falls within the guidelines of the Oil & Grease Prevention Program, the facility will be required to participate in the program. I further understand that at that time an initial one-time, start-up fee and a monthly fee will be applied to my Orange County Utilities account statement. As a required participant of the Oil & Grease Prevention Program, I agree to abide by all program rules established in the Orange County Code, Chapter 37, Article XX. I further understand that falsification of this information is a violation of the Orange County Code and, as such, is subject to enforcement actions and penalties as set forth in the Orange County Code.

Authorized Facility Representative's Signature: _____

Printed Name: _____

Title: _____

Date: _____

For Orange County Utilities Use Only

Environmental Compliance Inspector Name: _____

Date Completed: _____

Please submit the completed survey by email to Environmental.Compliance@ocfl.net,
fax to 407-354-2607, or mail to the following address:

**Orange County Utilities
Water Reclamation Division
Environmental Compliance Section
4760 W. Sand Lake Road
Orlando, FL 32819**

Para más información, por favor llame al Departamento de Servicios Públicos del Condado de Orange y pida hablar con un representante en español. El número de teléfono es 407-254-7701.