



# Fox Metro

Water Reclamation District

682 State Route 31, Oswego Illinois 60543-8500  
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## FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Engineering Firm/Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Type of Facility (e.g. restaurant, grocer, bakery): \_\_\_\_\_

Type of Food Served (attach menu if available): \_\_\_\_\_

Approximately how many meals a day will be served? \_\_\_\_\_

What percent will be eaten at the facility? \_\_\_\_\_ What percent will be carry-out? \_\_\_\_\_

Meals served: \_\_\_ Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_ Snacks \_\_\_ N/A

Hours of Operation: \_\_\_\_\_

Type of food preparation (check all that apply):

\_\_\_ Bake \_\_\_ Grill \_\_\_ Wok \_\_\_ Deep-fry \_\_\_ Microwave \_\_\_ Other \_\_\_\_\_

Will disposable plates and utensils be used to serve food? \_\_\_\_\_

If this is an existing facility, is there a grease interceptor already installed? \_\_\_\_\_

Type: \_\_\_ Outside \_\_\_ In-Floor \_\_\_ Under sink      Size: \_\_\_\_\_

If this is a strip mall, who will be responsible for the grease interceptor maintenance?

\_\_\_\_\_ Tenant Name: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Mgmt Co/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Wastewater Generating Fixtures Located in Food Preparation Area:**

(Note: all fixtures should be plumbed to a Grease Interceptor except for an Automatic Dishwasher)

Type	Yes/No	Length	Width	Depth	Notes
Triple Compartment Sink*					
Mop Sink					
Hand Sink					
Vegetable Sink					
Wok					
Pre-Rinse Sink					
Pot Sink					
Other					
Other					
Other					

\* If all three compartments are the same size, note the size of one compartment. If different, please use notes area to include the dimensions of all three compartments.

Number of Floor Drains: \_\_\_\_\_

Is there an automatic dishwasher? (Do not route through grease interceptor) \_\_\_\_\_

Proposed Grease Interceptor: \_\_\_\_\_

Anticipated opening date: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_

Title \_\_\_\_\_ Phone: \_\_\_\_\_

For Fox Metro Personnel Only:	Permit Number: _____
Grease Interceptor Required:	
_____ Exterior: Brand _____	Model # _____ Size _____
_____ Interior: Brand _____	Model # _____ Size _____
Note: _____	