



**Food Service Establishment Compliance Questionnaire**

Please fill out the following questionnaire pursuant to the authority of the Wastewater System Regulation Amendment Act of 1985, (D.C. Law 6-95, D.C. Official Code 8-105.01 *et seq.*) as amended and Chapter 15 “Discharges to Wastewater System” of Title 21 of the District of Columbia Municipal Regulations. The statute cited, together with implementing regulations, authorize DC Water to require corrective action within a specified time period and to require submission of information and records requested herein.

Complete and sign this questionnaire, and within 15 calendar days of receipt, mail to Compliance Department, DC Water, 3900 Donaldson Place, N.W., Washington, DC 20016, email to [compliance@dcwater.com](mailto:compliance@dcwater.com), or fax to (202) 364-3143.

Call (202) 364-3144 if you have questions regarding completion of this form.

<b>Section A – Contact Information</b>	
Business Name:	
Address:	
Phone Number:	
Contact person and e-mail address for authorized representative of the business:	
1)	
2)	

<b>Section B – Type of Establishment</b>						
What type of food establishment? (mark next to the most appropriate choice):						
Restaurant		Church		Event Hall		Bar
Food Manufacturer		Hospital		Market/Grocery		Deli
Bakery		Cafeteria		Mobile Food Service		Hotel
Other? (describe):						
DCRA License number:						

<b>Section C- Food Preparation</b>					
Food	Hamburger	Steak	Poultry	Seafood	Vegetables
Is prepared onsite?					
Fried?					
Grilled?					
Baked?					

<b>Section D – Equipment</b>					
Does food establishment facility have any of the following equipment? (Yes or No)					
<b>If yes, indicate which equipment by writing the quantity in box below</b>					
Exhaust Hood/Range	Deep Fryer	Grill	Broiler	Tilt Kettle	Roller
<b>Indicate the quantity and if connected to a grease trap/interceptor</b>					
Type of sink or device	1-compartment sinks	2-compartment sinks	3-compartment sinks	Mop/Utility Sink	Garbage Disposal
Quantity					
Is connected to grease trap/interceptor? (Yes, No, or Some)					

<b>Section E- Grease Management</b>			
Do you generate grease? (Choose Yes or No)			
Is there an inground grease interceptor onsite? (Yes or No)			
Indicate where you dispose of grease in boxes below			
Trash	Collection Bin	Sink	Other (Describe)
<b>If grease is disposed in collection bin or in ground interceptor, indicate company that collects grease and how often below</b>			
Name of company that collects grease			
Frequency (monthly, quarterly, etc.)			

<b>Section F-FOG Facility Exemption</b>	
Are you applying for Zero FOG Discharge Exemption?	
Note: To be eligible for Zero FOG Discharge Exemption, your facility must not generate or have the potential to discharge fats, oil or grease laden wastewater to the District's wastewater system. DC Water will inspect your facility before approving a Zero FOG Discharge Exemption.	

<b>Section G- Pretreatment Exemption</b>	
Are you applying for Pretreatment Exemption?	
Pretreatment license number: _____	

<b>Certification</b> <i>(to be completed by an official authorized to sign for the company)</i>	
I certify, under penalty of law, that I have personally examined and familiar with the above information, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate and complete.	
_____	_____
Name (print)	Title (print)
_____	_____
Signature	Date