

Section A - Contact Information

Business Name:

Address:

Bakery

Other? (describe):

DCRA License number:

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY I 5000 OVERLOOK AVENUE, SW I WASHINGTON, DC 20032

## **Food Service Establishment Compliance Questionnaire**

Please complete the <u>questionnaire</u> to improve our records of contacts and equipment of your facility. Recently amended District regulations<sup>1</sup> authorizes DC Water to require corrective action within a specified time period and to require submission of information and records. At this time, DC Water is only asking for the information and not requiring submission. However, if you believe your food service establishment is exempt from fees associated with grease abatement then you must submit the completed questionnaire.

Complete and sign this questionnaire and email to <a href="mailto:compliance@dcwater.com">compliance@dcwater.com</a>. Alternatively, mail to Compliance Department, DC Water, 3900 Donaldson Place, N.W., Washington, DC 20016, or fax to (202) 364-3143.

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

Phone Number:									
Contact person and e-mail address for authorized representative of the business:									
1)									
2)									
Section B – Type of Establishment									
What type of food establishment? (mark next to the most appropriate choice):									
Restaurant	Church	Event Hall	Bar						
Food	Hospital	Market/Grocery	Deli						
Manufacturer		,							

Mobile Food Service

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

Cafeteria

Hotel

Section D – Equipment	Section D – Equipment								
		of the following ea	uipment? (Ye:	s or No)					
Does food establishment facility have any of the following equipment? (Yes or No)  If yes, indicate which equipment by writing the quantity in box below									
Exhaust Hood/Range	Deep Fryer	Grill	Broiler	Tilt Kettle	Roller				
Extrador Frood/Framgo	2000	O	D. o.i.o.	The Protein	T tollor				
Indicate the quantity an	d if connected to	o a grease trap/in	terceptor	1					
Type of sink or device	1-compartment	2-compartment	3-compartment	Mop/Utility	Garbage				
	sinks	sinks	sinks	Sink	Disposal				
Quantity									
Is connected to grease									
trap/interceptor? (Yes,									
No, or Some)									
Section E- Grease Mana	agement								
Do you generate grease		No)							
Is there an inground grea									
Indicate where you dispo									
		Sink	Other (Describ	e)					
		-		-,					
If grease is disposed in	collection bin or	r in ground interc	eptor, indicate o	ompany that o	collects grease				
and how often below									
Name of company that co									
Frequency (monthly, qua	arterly, etc.)								
0 () 5 500 5 111									
Section F-FOG Facility		T							
Are you applying for Zero			r facility must not						
Note: To be eligible for Z generate or have the potential				or to					
the District's wastewater				1 10					
			lacility before						
approving a Zero FOG Discharge Exemption.									
Section G- Pretreatment Exemption									
Are you applying for Pret		on?							
Pretreatment license number:									
Certification (to be comp	nleted by an offica	l authorized to sig	n for the company	v)					
Certification (to be comp	oleted by all offica	i adinonzed to sig	ir for the company	Y)					
I certify, under penalty of	flaw that I have r	nersonally examin	ed and familiar w	ith the above in	oformation, 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.									
Samuel and and accurate and complete.									
	Name (print)		Title (p	orint)					
(Pint)									
	/E:II 0 0:								
Signature (Fill & Sign on toolbar)				Date					