



**FOOD SERVICE ESTABLISHMENT (FSE) WASTEWATER SURVEY**

**Return the completed and signed questionnaire via mail, to:**

City of Great Falls  
Public Works Department  
Environmental Division  
P.O. Box 5021  
Great Falls, MT. 59403

For questions regarding this questionnaire, please contact the Environmental Sector Control  
Specialist: 406-727-8390

**Section A – Contact Information (Please Print or Type)**

Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_

**Address of facility discharging wastewater (if different from mailing address):**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Person(s) to be contacted regarding this questionnaire:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Section B – Type of Establishment**

- 1. What type of Food service Establishment is this? (check the most appropriate choice(s))
  - Restaurant (dine in)       Restaurant (take out only)       Coffee Shop
  - Cafeteria       Bar       Deli
  - Market/Grocery       Commissary       Hotel/Motel
  - Food Manufacturer       Food Processor
  - Other \_\_\_\_\_
  
- 2. What type of food service prep does this facility hold?  
(Check appropriate response)
  - Full Prep       Minimal Prep       No Prep
  
- 3. Day and hours of operation: Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_
- 4. Maximum Seating Capacity: \_\_\_\_\_ Persons
- 5. Estimated number of meals served per day: \_\_\_\_\_

**Section C – Kitchen Equipment**

- 1. What type of tableware (e.g. plates, bowls, cups, and flatware) does your facility use?  
(Check all that apply).
  - Re-usable       Disposable       Both
  
- 2. Does your establishment have any of the following equipment (check all that apply).
  - Automatic Dishwasher       Deep Fryer       Boiler
  - Garbage Disposal       Hot Griddle       Rotisserie
  - Char broiler       Grill       Stove
  - Oven Broiler       Wok Stove       Oven
  - Ice Machine       Microwave       Hood
  - Smoker

**Section D – Drainage Fixtures**

List the number of each type of fixture in your Food service establishment. Use additional sheets if needed to document all sinks and drains that may receive grease laden wastewater (exclude bathroom fixtures and dedicated hand sinks).

Number of 3 – compartment sinks: \_\_\_\_\_

Number of 2 – compartment sinks: \_\_\_\_\_

Number of pre-rinse sinks: \_\_\_\_\_

Number of prep sinks: \_\_\_\_\_

Number of floor sinks and floor drains? \_\_\_\_\_

Number of mop/utility sinks? \_\_\_\_\_

**Section E – Chemical Usage** (Check appropriate response)

Are any chemicals or enzymes used in the washing of dishes? (Y)  (N)

Are any chemicals poured down the drain to keep them open? (Y)  (N)

If yes to any questions in Section E above please attach a copy of the SDS sheets for the specific product. SDS sheets can be obtained from the chemical supplier.

**Section F – Grease management Devices**

	Yes	No	Capacity in Gallons
Grease Dumpster/Drum	_____	_____	_____
Recycle Holding tank	_____	_____	_____

Does your facility have a grease trap or grease interceptor? (YES) (NO)

If yes, do you know its capacity in gallons and manufacture? \_\_\_\_\_

If yes, where is it located? \_\_\_\_\_

If yes, who cleans/services the grease equipment? \_\_\_\_\_

If yes, how frequently is the equipment cleaned/serviced? \_\_\_\_\_

**Section G – Certification Statement**

Under City Code 13.12.080 J: All reports and other submittals required to be submitted to the City shall include the following statement and signatory requirements:

The Authorized Representative of the industrial user signing any application, questionnaire, report or other information required to be submitted to the City must sign and attach the following certification statement with each such report or information submitted to the City:

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Authorized Signature: Corporate office, general partner, or manager who has been assigned authority to sign documents.*