



**Food Service Establishment
Fats, Oils and Grease (FOG) Questionnaire**

Facility Name: _____

Physical Address: _____

Mailing Address (if different): _____

Site Contact: _____ Title: _____

Email Address: _____ Phone: _____

SCDHEC Permit Number (if applicable): _____

Grease Control Device (GCD) Information:

Does the facility have a GCD? Yes No

If Yes:

Type and Size of GCD:

Trap (inside)
 20 gpm 40 gpm 75 gpm Other _____

Interceptor (outside & in-ground)
 500 gal 1000 gal 1500 gal 2000 gal Other _____
 Two or more interceptors in series (Size: _____)

How often is it cleaned? _____

Who cleans it? _____

Do you maintain maintenance records? Yes No

Describe the type of foods that are served (or attach menu):

Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Kitchen Fixtures: (mark the # of all that apply)

Fixture Type	#	Fixture Type	#	Fixture Type	#
4- Compartment Sink		Wok		Auto Potato Peeler	
3- Compartment Sink		Deep Fryers		Waste Food Grinder	
2- Compartment Sink		Grill		Steam Warmer	
1- Compartment Sink		Stove		Tilt Kettle	
Handwash Sink		Oven		Tilt Rice Steamer	
Power Wash Sink		Microwave		Meat Slicer	
Auto Hood Wash Unit		Ice Machine		Meat Grinder	
Under-counter Dishwasher		Ice Box		Meat Band Saw	
Clothes Washer		Rotisserie		Ice Cream Machine	
Rack Dishwasher		Vent Hood		Ice Cream Dip Wells	
Conveyor Oven		Griddle		Yogurt Machines	
Mop/Can Wash Basin		Floor Drains		Other (list under comments section)	

Other Information:

Square Footage: _____ # of Seats: _____ Occupancy: _____

Average number of meals served per day: _____

Percentage of meals prepared on site: _____

Do you use disposable dinnerware? Yes No

Additional Information or comments:

Completed by: _____

Signature

Print Name

Date