



Department of Public Infrastructure

**Jamie Ponte
Commissioner**

CITY OF NEW BEDFORD

Jonathan F. Mitchell, Mayor

**Water
Wastewater
Highways
Engineering
Cemeteries
Park Maintenance
Forestry
Energy**

**CITY OF NEW BEDFORD
INDUSTRIAL PRETREATMENT PROGRAM
FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE**

Return to: City of New Bedford
Department of Public Infrastructure – IPP
1105 Shawmut Ave
New Bedford, MA 02746

Company Name _____

Address _____

Contact Person _____

Phone and Fax Number _____

Email _____

1. Please describe your food preparation and clean-up activities (check all that apply):

Baking _____

Grilling _____

Frying _____

Vegetable Prep _____

Other (please describe): _____

2. Approximately how many customers do you serve per average day? (This information is kept confidential) _____

3. Please indicate the **NUMBER** of kitchen fixtures used in your establishment:

_____ 3-Compartment sink	_____ Bar sink
_____ Hand sink	_____ Mop sink
_____ Dishwasher	_____ Garbage disposal
_____ Floor drains	

4. How are the following food by-products disposed of? (**Check all that apply**)

	Sewer	Trash	Recycle
A. Solid Wastes:	_____	_____	_____
B. Oil & Grease:	_____	_____	_____
C. Liquid Wastes:	_____	_____	_____

5. Do you have a grease interceptor and/or grease trap? **YES** _____ **NO** _____

6. Do you have multiple interceptors/grease traps? **YES** _____ **NO** _____

If Yes, how many interceptors/grease traps? _____

7. What size (in gallons) is each interceptor/grease trap? _____

8. Is the interceptor/grease trap functioning properly? **YES** _____ **NO** _____

If "NO," please explain: _____

9. How often is the interceptor/grease trap serviced? _____

10. When was the interceptor/grease trap, last serviced? _____

11. What is the average volume of waste that is removed from the interceptor/grease trap when it is serviced? _____

12. What is the name and address of the business that services the interceptor/grease trap?

13. Are service receipts available? **YES** _____ **NO** _____
Please attach a copy of the most recent waste hauler receipt or waste hauler manifest.
(REQUIRED)

14. Which of the following kitchen fixtures are connected to your grease interceptor/grease trap?
(Please indicate **NUMBER** of fixtures that apply)

_____ 3-Compartment sink	_____ Bar sink
_____ Hand sink	_____ Mop sink
_____ Dishwasher	_____ Garbage disposal
_____ Floor drains	

Additional comments: _____

The information in this questionnaire is familiar to me and, to the best of my knowledge and belief is true, complete, and accurate.

Print Name and Title of Signing Official

Signature of Official

Date