

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 1385 CANAL STREET, SE | WASHINGTON, DC 20003

Food Service Establishment Compliance Questionnaire

Please complete the questionnaire.

Complete and sign this questionnaire, and email to rog@dcwater.com or mail to:

Customer Compliance Services-DC Water 3900 Donaldson Place NW Washington, DC 20016

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

Section A – Contact Information															
Busine	ess Name:			Corporation Name:											
Store Address:					Phone Number:										
Contact Person:					Title:										
Contact Email:					Cor						ntact Phone:				
Are you the authorized representative for the listed business? Yes O No O															
Section B – Type of Establishment															
0	Full-Service Restaurant			0	Hos	pital	О	Chu	rch		0	Grocery Store			
0	Pizzeria			0	Deli	i		0	Hote	el		0	Mobile F	ood Servic	
0	Fast Food F	Restaura	nurant O School/Col			ool/Coll	ege	0	Foo	d Court	•	0	Convenience Store		
0	Carry Out 0	Only		0	Bak	ery		Ο	Nur	sing Ho	me	0	Juice/Coffee Bar		
0	Cafeteria	eteria				Ice Cream Shop			Other:						
Hours of Operation:				S	ın Mon		Tues We		Wed		Thu	Fri	Sat		
DCRA License number:															
Section C- Food Operations															
Does your food service establishment cook or prepare any kind of food on site? Yes O No O															
Please check the types of foods prepared and/or cooked at your business															
\cap	Hambur () Poultr		Poultry			Steak	\cap	Seafood			Vegeta	ables		Any Dairy	
	ger														
0	Deli Meat	O	Salad Dressings Vegetable Oil/Olive Oil Peanut/ Nut Oil												
0	Other:														
Are foods served on washed plates with flatware? Yes O No O															

Section D - Equipment														
Please in	dicate v	vhich cooki	ng equ	ipment yo	ou have b	elow					-			
Exhaust Deep Flat Top Hood Fryer Grill		Char Grill	Range Top	Wok Station	Broiler	Rotiss		Tilt Kettle Brazier	Roller	Pizza Oven				
O	\circ	O	O	O	O	O	()	O	O	O			
Kitchen/s	Drain F	ixtures												
3-compart		0	bowl	artment sin	-		0	Wok St						
2-compar	tment sir	٦k	O	Dishwas	her w/ pre	-rinse sinl	<	O	Mop sir	ık	O			
Floor and /or trench drains			0		e single co			0	Tilt kett drain	tle/ Brasier	0			
Are All of the checked drain fixtures connected to a grease interceptor? Yes O No O														
Section E- Grease Management Do you have a grease interceptor (trap)? Yes O No O														
If you do indicate where the grease interceptor/s are located									What is the cleaning frequency?					
In Kitchen					arage belo		0		Daily Weekly					
					arage abov		$\frac{0}{0}$		14 days	30 day				
	In Kitchen above ground						$\frac{\circ}{\circ}$							
Inside FSE elsewhere Outside on FSE property O 0 90 days Other:														
Who cleans the grease interceptor/s? FSE Staff O Contractor Name:														
1) Do you have rendered (used) fry oil? Yes No														
Trash O Recycle Bin O Contractor Responsible O Other:														
If Recycled or Contractor handles, please provide company name:														
Section F	Section F-FOG Facility Exemption													
				nt FOG D	ischarge	Exemptic	on?		Yes) No	0			
Are you applying for Non-Significant FOG Discharge Exemption? Note: To be eligible for Non-Significant 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 Non-Significant FOG Discharge Exemption.														
Certificat	ion (to t	be completed	d by an	offical aut	horized to	sign for t	he com	pany)						
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)						
	S	Signature		Date										