CITY OF BENTONVILLE
Fats, Oil, and Grease Program
Food Service Establishment
Survey Form

Name of Facility			
Name of Owner		Phone	
Name of Manager		Phone	
Mailing Address			

Utility Customer Account Number: From water/sewer bill. May be obtained from landlord if landlord pays the water bill.

Utility Customer Service Address: From water/sewer bill. May be obtained from landlord if landlord pays the water bill.

Landlord/Property manager name and Phone:

TYPE OF FACILITY (Check All That Apply)

	Full Service Restaurant		Hospital		Club/Organization		Coffee Shop with out Food
	Fast Food Restaurant		School/College		Nursing Home		Other:
	Carry Out		Bakery		Grocery Store		
	Cafeteria		Ice Cream Shop		Convience Store		
	Mobile Food Vendor		Church		Coffee Shop with Food		

			Sun	Mon	Tue	Wed	Thu	Fri	Sat
Seating Capacity		Hours of Operation:							
Number of Employees									

TYPE OF FIXTURES (Check All That Apply)

	Deep Fryers		3-Compartment Sinks		Tilt Kettles		Pre-wash Sinks
	Grills		2-Compartment Sinks		Garbage Grinders		Mop Sinks
	Ovens		1-Compartment Sinks		Dishwashers		Other:
	Rotisserie		Hot Dog Roller		Wok Ranges		

TYPE OF GREASE ABATEMENT (Check All That Apply)		SIZE		SERVICED BY		
	Outside Volume based Interceptor			Name of Pumper/Hauler:		
	Passive (Manual) Grease Trap			Self		Hauler Name:
	Mechanical Grease Removal Device			Self		Hauler Name:
	Unknown/Other			Self		Hauler Name:

Name of Waste Fryer/Vegetable Oil Hauler	Gallons of Waste Fryer/Vegetable Oil Picked Up By Hauler	Frequency of Pick Up

I hereby certify, under penalty of a violation, that the information found in this survey is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

Owner/Authorized Representative:	Title:
Signature:	**Date:**

For Internal Use Only:

If you have any questions while completing this form, please call the FOG Management Program at 479-271-3161.