

## CITY OF MILPITAS

455 E. Calaveras Blvd.  
Milpitas, CA 95035  
408-586-2600  
[www.milpitas.gov](http://www.milpitas.gov)



## FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

A Food Service Establishment (FSE) is an establishment that prepares and/or sells food for consumption either on or off the premises or washes utensils or dishes on premises that may contribute grease to the sewer system, including, but not limited to, restaurants, pizzerias, sandwich shops, delicatessens, bakeries, cafeterias, markets, bed and breakfast inns, motels, hotels, meeting halls, caterers, or retirement and nursing homes.

This questionnaire applies to any facility that is an FSE and is conducting commercial cooking operations including dishwashing activities, and equipment cleaning that generates grease-laden wastewater. The Food Service Establishment's questionnaire must be completed and approved.

### Section A: General Information

- BUILDING DEPARTMENT PERMIT NUMBER: \_\_\_\_\_

1. Please check all descriptions that apply to your project type:

- |   |   |
|---|---|
| <input type="checkbox"/> New Food Service Establishment (FSE) | <input type="checkbox"/> Adding plumbing fixtures |
| <input type="checkbox"/> Remodel/ Retrofit                    | <input type="checkbox"/> Change in ownership      |
| <input type="checkbox"/> Change in business name              | <input type="checkbox"/> Other: _____             |

2. Contact information:

Project Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Phone Number & Email Address: \_\_\_\_\_

Business Owner Contact (If different from Applicant):

Business Owner Name: \_\_\_\_\_

Business Owner Phone Number & Email Address: \_\_\_\_\_

### Section B: Facility Information

- Is the facility grease producing?  
☐ Yes  
☐ No
- Is your FSE a new establishment?  
☐ Yes  
☐ No

**Section B: Facility Information (cont.)**

a. Name of previous FSE under the same address: (if applicable): \_\_\_\_\_

3. Hours of operation\*:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

\*This section can be an estimated value if not open, have not set facility hours, and/or hired staff

4. Average number of employees: \_\_\_\_\_

5. Fixture List: please indicate the number of new and existing fixtures. Ensure that all fixtures are accurate and included.

FIXTURE	NEW	EXISTING	TOTAL	FIXTURE	NEW	EXISTING	TOTAL
1- Comp Sink				Pot Sink			
2-Comp Sink				Prep-Sink (General Use)			
3-Comp Sink				Prep-Sink (Vegetable Only)			
4-Comp Sink				Pre-Rinse Sink			
Bar Sink				Rotisserie			
Cup/Glass Washer				Sanitizer			
Deep Fat Fryer				Exhaust Hood Drain (self-cleaning)			
Dipper Well				Soup Vat			
Dishwasher				Trash Compactor			
Floor Drain				Tallow Area			
Floor Sink				Trench Drain			
Garbage Disposal				Utility Sink			
Grease Hood				Wok Range			
Hand Sink				Wok			
Hood Filter				Other: _____			
Mop Sink				_____			

**Section C: Type of Business**

1. Type of Facility: (Describe your business based on the FSE definition above, e.g. restaurant, coffee shop, religious institution, nursing home, cafeteria):

2. Describe the type of food that is served (or attach a menu to the questionnaire):

#### Section D: Existing Grease Control Device Information

1. Does your facility have an existing Grease Control Device (i.e. grease trap, grease interceptor, etc.)?  
☐ Yes  
☐ No *If "No," skip to Section E.*
2. Existing type and size of Grease Control Device (GCD):  
Grease Trap (located inside, typically beneath a sink):  
☐ 20 gallons per minute (gpm)    ☐ 40 gallons per minute (gpm)    ☐ 75 gallons per minute (gpm)    Other (Specify): \_\_\_\_\_  
Grease Interceptor (in the ground, typically outdoors):  
☐ 1,000 gallons (gal)    ☐ 1,500 gallons (gal)    ☐ 2,000 gallons (gal)    Other (specify): \_\_\_\_\_
3. How frequently is the Grease Control Device (GCD) cleaned? City of Milpitas Municipal Code [VIII-2-5.30](#) requires that grease traps (<100lbs & under utility sink) must be serviced every 30 days, and a grease interceptor must be serviced every 90 days or when the chamber is 25% full of Fats Oil and Grease  
☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    Other: \_\_\_\_\_
4. Per the City of Milpitas Municipal Code [VIII-2-5.30, Dischargers shall maintain records on site for a period of at least three \(3\) years](#). Do you maintain records for when Grease Control Devices (GCD) are cleaned and serviced?  
☐ Yes  
☐ No
5. Provide planned or existing service vendors or party responsible for servicing GCD (i.e. self-cleaned, hired vendors information): \_\_\_\_\_

#### Section E: New Grease Control Device Information

6. For new FSE's, what is the proposed type and size of the Grease Control Device (GCD)?  
Grease Trap (located inside, typically beneath the sink):  
☐ 20 gallons per minute (gpm)    ☐ 40 gallons per minute (gpm)    ☐ 75 gallons per minute (gpm)    Other (Specify): \_\_\_\_\_  
Grease Interceptor (in the ground, typically outdoors):  
☐ 1,000 gallons (gal)    ☐ 1,500 gallons (gal)    ☐ 2,000 gallons (gal)    Other (specify): \_\_\_\_\_
7. Plan Page No.: \_\_\_\_\_ showing proposed GCD location, manufacturer specifications and installation details.
8. How frequently is the Grease Control Device (GCD) scheduled for cleaning? City of Milpitas Municipal Code [VIII-2-5.30](#) requires that grease traps (<100lbs & under utility sink) must be serviced every 30 days, and a grease interceptor must be serviced every 90 days or when the chamber is 25% full of Fats Oil and Grease  
☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    Other: \_\_\_\_\_
9. Per the City of Milpitas Municipal Code [VIII-2-5.30, Dischargers shall maintain records on site for a period of at least three \(3\) years](#). Do you acknowledge you will maintain records for when Grease Control Devices (GCD) are cleaned and serviced?  
☐ Yes  
☐ No
10. Provide planned or proposed service vendors or party responsible for servicing GCD (i.e. self-cleaned, hired vendors information): \_\_\_\_\_

**Section F: Acknowledgement**

The information submitted in this questionnaire is accurate to the best of my knowledge and is based on (check one):

- ☐ Current operating data
- ☐ Best estimate based on:
- ☐ Other: \_\_\_\_\_

Completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Business Owner (if different):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date