



City of Sherman

Food Service Establishment Questionnaire

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Contact Name (Print):** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**I. ESTABLISHMENT DETAILS**

1. Type of Establishment: (Check One)

Carry-out Only   
  Full Scale Restaurant   
  Fast Food   
  Coffee Shop  
 Cafeteria/Bufferet   
  Ice Cream Only   
  Other \_\_\_\_\_

2. Days/Hours of Operation:  
 M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

3. Average Number of Employees/Shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

4. What is the busiest hour(s) of the day? \_\_\_\_\_

5. Years in Operation (This Location): \_\_\_\_\_

6. Food Preparation:  
 On-Site   
  Pre-packaged Only   
  Prepared Off-site; If so, where: \_\_\_\_\_

**II. DEVICE DETAILS**

1. Does your establishment have a pretreatment device/interceptor (grease trap)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
1.2 If so, how many and size: <input type="checkbox"/> 1/( _____ ) gal <input type="checkbox"/> 2/( _____ )gal		
2. Type of treatment device installed: (Check One)		
<input type="checkbox"/> Outside-In Ground Unit <input type="checkbox"/> Inside-Below Floor Unit <input type="checkbox"/> Inside-Above Floor Unit		
3. Does the device have a sample well?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4. Does the sample well have a 4 inch drop from the inlet to the outlet?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5. Do you follow a routine cleaning schedule for the device(s)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5.1 If so, how often: _____		
6. Do you keep records for your cleaning schedules/manifests onsite?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7. Do you keep records for your cleaning schedules/manifests for at least 3 years?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8. Is your grease trap waste handled by a pumper/hauler permitted by the Grayson County Health Department? Pumper Name: _____	Y <input type="checkbox"/>	N <input type="checkbox"/>
9. Is staff present to witness the pumping and to sign the manifest?	Y <input type="checkbox"/>	N <input type="checkbox"/>
10. Do you self-clean your inside device (only applicable if less than 50 gallons)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
10.1 If so, do you have written authorization from the City to self-clean your device(s)	Y <input type="checkbox"/>	N <input type="checkbox"/>

**III. WASTE MANAGEMENT**

1. How are grill cleanings and used fryer oil disposed of? (Check One)

Disposed of Off-site   
  Other: \_\_\_\_\_

2. Where is the used oil being stored:

a.  Inside or  Outside

b.  55 Gallon Drum   
  Above Ground Plumbed Vessel   
  Portable Above Ground Vessel  
 Other: \_\_\_\_\_

**III. WASTE MANAGEMENT continued...**

2.1 Please provide information below for hauler:

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

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

Hauler ID (if applicable): \_\_\_\_\_

3. How often is the storage area inspected for spills and proper storage? \_\_\_\_\_

4. Are routine inspections performed by management to ensure that:

4.1 Floor drains are covered with grates?

Y N 

4.2 Food waste is scraped into the trash prior to dish washing?

Y N 

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. INTERNAL OFFICE USE ONLY**

Water Account Number: \_\_\_\_\_ Sewer Account Number: \_\_\_\_\_

Average Water Consumption: \_\_\_\_\_ gallons/day (attach consumption history)

Department Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Sign

Date: \_\_\_\_\_ Print