



CITY OF FORT SMITH UTILITY DEPARTMENT FATS, OILS, & GREASE WASTE SURVEY

This survey is intended to obtain information needed by the City of Fort Smith to comply with state and federal Pretreatment requirements. Failure to submit a complete and accurate survey may result in penalties including the termination of service. The City may verify the data submitted through phone calls, site inspection, and sample analysis. Answer each question accurately to reflect existing conditions and conditions proposed to occur within 3 to 5 years. Attach additional sheets as necessary.

DIRECTIONS FOR COMPLETING THIS INDUSTRIAL WASTE SURVEY FORM

1. Fill out FOG waste survey form completely. Answer all questions. If you do not know the answer to a question, write "Unknown" in the box. If an answer is not applicable to your facility, write "NIA".
2. Sign the FOG waste survey form (see last page). Must be signed by an Authorized Representative of the User.
3. Failure to submit a complete FOG Waste Survey form or to submit the form within thirty (30) business days is a violation of the City's Ordinance 89-16.
4. Fill out using ink. Do not use a pencil. Write clearly.
5. If you have any questions, please contact the City at: 479-494-3938 or 479-221-7486 or via email at tgarris@fortsmithar.gov

GENERAL INFORMATION

Company Name and d.b.a Business Name, if different	
Name of responsible person at the facility authorized to represent the company in official dealings with the City of Fort Smith.	
Title:	Phone:
Non business hours contact:	Phone:
Email Address (if available):	Physical Street Address of Facility:
Website (if available):	Official Mailing Address if Different:

SECTION 1

FOOD ESTABLISHMENT/PROCESSING/RESTAURANT SECTOR SPECIFIC QUESTIONS

Type of Cuisine:				
Seating Capacity:		Average # of meals served/prepared per day:		
Methods of Cooking/Heating/Frying:				
Grease Handling and Disposal				
Garbage Dumpster: <input type="checkbox"/> Yes <input type="checkbox"/> No		Maintenance/Cleaning Schedule:		
Grease Control Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No		Grease Interceptor <input type="checkbox"/> Grease Trap <input type="checkbox"/> Other <input type="checkbox"/> Specify:		
Waste Oil Recycling Containers: <input type="checkbox"/> Yes <input type="checkbox"/> No		Schedule/Frequency of Disposal:		
For each grease trap/interceptor at your facility, complete the chart. If more than 3 are present, attach the additional information on another sheet. Provide a drawing for each under sink and in-ground grease trap/interceptor. The drawing must indicate dimensions in feet.				
Location at Facility	Source of Wastewater ¹	Capacity (lbs or Gal)	Pounds of Grease Removed per Year	Maintenance Service Frequency ²
¹ Source of Wastewater: In the space provided in the chart, fill in the letter corresponding to the applicable source.				
A. Food Processing		D. Rinses Containing Spent/Discarded Food Product	G. Laboratory Operations	
B. Equipment/Vessel Wash Down		E. Spent Cleaning/Sanitizing Solutions	H. Dishwasher	
C. Floor Wash Down		F. Fruits/Vegetable Grindings	I. Other	
² Maintenance Service Frequency: In the space provided in the chart, fill in the number corresponding to the applicable maintenance for each trap/interceptor.				

1. Daily	3. Every Month	5. Every Six Months (Semi-Annually)	7. Other
2. Weekly	4. Every Three Months (Quarterly)	6. Every Twelve Months (Annually)	
Waste Hauler Used? : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the following			
Waste Hauler Company:			
Mailing Address:		Phone #:	
Check below each type of waste that is hauled from your facility.			
Waste Type	Estimated Gallons/Pounds Per Year	Hauler Utilized	
<input type="checkbox"/> Spent Grease Wastes from Grease Trap/Interceptor (Brown Grease)			
<input type="checkbox"/> Spent Cooking Grease from Deep Frying Equipment (Yellow Grease)			
<input type="checkbox"/> Other:			
Kitchen/Prep Area Fixtures (How many of each are present?)			
3 compartment sink :	Floor sink :	Wok :	
2 compartment sink :	Floor drains :	Fryer(s) :	
Hand sink :	Mop sink :	Oven :	
Dishwasher :	Disposal :	Grill :	
Pre-wash sink :	Stove:	Other (specify) _____ :	
Additional Information			
Property Owner:		Phone #:	
Mailing Address:		Email:	
ATTACH A COPY OF THE MENU OR A LIST OF THE ITEMS PREPARED/SERVED AT THE FACILITY			

SECTION 2

SIGNATURE SECTION

The Authorized Representative for the Business shall sign this survey and return it within thirty (30) days to:

Environmental Monitoring Supervisor
City of Fort Smith
801 Carnall Avenue, Suite 500
Fort Smith, AR 72901

“I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.”

Printed Name of Authorized Representative from Page 1

Title

Signature of Authorized Representative from Page 1

Date

The signing official must have authorization to provide such information on behalf of the company, corporation or partnership. In accordance with Arkansas law, information and data provided in the questionnaire may be available for public review under the Freedom of Information Act. Requests for confidential treatment of the information will be governed by procedures specified by the City's Pretreatment Program and the Freedom of Information Act.