City of Casselberry

95 Triplet Lake Dr
Casselberry, FL 32707

Public Works Department

Oil and Grease Management Program

"Food-Related Establishments" Registration and Certification

In order to administer and improve the Wastewater Pretreatment Program, the City of Casselberry (City) is requiring non-residential establishments to complete the attached questionnaire. This program sets forth uniform requirements for users of the sewerage system of the City of Casselberry, and enables the City to comply with all applicable State and Federal Pretreatment Regulations.

It is important to understand that this questionnaire shall be completed and signed by an authorized person with knowledge of the business proposing to discharge into the City's sewer system. The Certification Application/Evaluation fee is $60.00.

An additional $190.00 fee will be required if the applicant qualifies for a "Wastewater Discharge Permit". The operational cost of the City's Pretreatment Section for activities required under this program will be supplemented by the sewerage system user. This permit fee will be used to cover laboratory analyses (only the first analysis event), instrumentation/equipment, field inspections, administration papers, personnel hours, etc.

Should you need any assistance to complete this survey, please contact the Environmental Analyst, at (407) 262-7725 ext. 1716.

TO BE SIGNED UPON COMPLETION OF THE QUESTIONNAIRE BY AN AUTHORIZED REPRESENTATIVE OF THE FACILITY

I have personally examined and I am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that all submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

_____/_____ /_____
Signature of Authorized Facility Representative /   Title   / Date

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INACCURATE INFORMATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE USER FOR REVISION

FORM-GR02

FOOD RELATED ESTABLISHMENT APPLICATION

FACILITY INFORMATION

Business Name: _____
Business Address: _____
Contact Person: _____ Title or Position: _____
Phone Number: _____ Fax Number: _____
Email: _____

CORPORATE INFORMATION
(Complete only if applicable)

Corporation Name: _____
Corporation Address: _____
Contact Person: _____ Title or Position: _____
Phone Number: _____ Fax Number: _____
Email: _____

FACILITY TYPE

Fast Food: Yes ☐   No ☐   Restaurant: Yes ☐   No ☐
Food Processing: Yes ☐   No ☐   Other (specify):   _____

BUILDING INFORMATION

Free standing: Yes ☐   No ☐   Expansion: Yes ☐   No ☐
New Construction: Yes ☐   No ☐   Building remodel: Yes ☐   No ☐

HOURS OF OPERATION

Weekdays: _____   Drive thru_____   Delivery_____
Weekends: _____   Drive thru_____   Delivery_____

Number of employees:
1st shift: _____   2nd shift:_____   3rd shift:_____

SEATING CAPACITY

Chairs: _____   Stools: _____   Booths: _____

Average number of meals served per day: _____

Breakfast: _____   Lunch:_____   Dinner:_____

Type of dishes / utensils used:

Washable: Yes ☐   No ☐   Disposable: Yes ☐   No ☐

(Attach a copy of the menu)

FOOD PREPARATION

Type of products cooked, heated or fried:

Meat ☐   Poultry ☐   Vegetables ☐   Seafood ☐

Method(s) of cooking/heating:_____

Method(s) of frying:_____

KITCHEN EQUIPMENT

COOKER			NUMBER OF UNITS	SIZE AND/OR CAPACITY
Fryer	Yes ☐	No ☐	_____	_____
Charbroiler	Yes ☐	No ☐	_____	_____
Grill	Yes ☐	No ☐	_____	_____
Stove	Yes ☐	No ☐	_____	_____
Oven	Yes ☐	No ☐	_____	_____
Oven broiler	Yes ☐	No ☐	_____	_____
Wok Stove	Yes ☐	No ☐	_____	_____
Steam Table/Well	Yes ☐	No ☐	_____	_____
Other	_____		_____	_____

SINKS (including the bar area)				
3- Compartment	Yes ☐	No ☐	_____	_____
2- Compartment	Yes ☐	No ☐	_____	_____
1- Compartment	Yes ☐	No ☐	_____	_____
Hand	Yes ☐	No ☐	_____	_____
Vegetable	Yes ☐	No ☐	_____	_____
Mop	Yes ☐	No ☐	_____	_____

OTHER EQUIPMENT				
Garbage Disposal	Yes ☐	No ☐	_____	_____
Walk-in Cooler	Yes ☐	No ☐	_____	_____
Walk-in Freezer	Yes ☐	No ☐	_____	_____
Dishwasher	Yes ☐	No ☐	_____	_____
Other	_____		_____	_____

GREASE HANDLING PROCEDURES

Grease Recycling Tanks	Yes ☐	No ☐	_____	_____
Grease Interceptor	Yes ☐	No ☐	_____	_____
Grease Trap	Yes ☐	No ☐	_____	_____
Garbage Dumpster	Yes ☐	No ☐	_____	_____
Other	_____		_____	_____

RECYCLING
Do you recycle used cooking oil/grease?   Yes ☐ No ☐
Is a recycling container on-site?   Yes ☐ No ☐   How many containers? _____
If yes, what company recycles your used cooking oil/grease? _____
_____

Have pollution prevention measures been implemented?   Yes ☐   No ☐
If yes, explain briefly the measures to be taken and the employee-training schedule
Attach sheets if necessary.

_____
_____