

## Grease Interceptor Device Registration Form

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### I. General Information

Establishment Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Corporate Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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### II. Establishment Information

#### Type of Food Service Establishment:

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Bakery	<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> School	<input type="checkbox"/> Hospital
<input type="checkbox"/> Take Out Restaurant	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Deli/ Grill	<input type="checkbox"/> Other: _____		

#### Cuisine

<input type="checkbox"/> American	<input type="checkbox"/> Asian	<input type="checkbox"/> Tex-Mex	<input type="checkbox"/> Italian
<input type="checkbox"/> Other: _____			

#### Food Processing Equipment

Type:	Number:	Type:	Number:
<input type="checkbox"/> Grill	_____	<input type="checkbox"/> Wok	_____
<input type="checkbox"/> Griddle	_____	<input type="checkbox"/> Microwave	_____
<input type="checkbox"/> Oven	_____	<input type="checkbox"/> Steamer	_____
<input type="checkbox"/> Stove Top	_____	<input type="checkbox"/> Electric Kettle	_____
<input type="checkbox"/> Deep Fryer	_____	<input type="checkbox"/> Frozen Dairy Machine	_____

Pressure Cooker \_\_\_\_\_

Other: \_\_\_\_\_

**Kitchen Equipment**

Type:

Number: \_\_\_\_\_ Drain Size: \_\_\_\_\_ Dimensions: \_\_\_\_\_

<input type="checkbox"/> 2 Compartment Sink			L	x W	x H	L	x W	x H
<input type="checkbox"/> 3 Compartment Sink			L	x W	x H	L	x W	x H
<input type="checkbox"/> Food Prep Sink			L	x W	x H			
<input type="checkbox"/> Hand Washing Sink			L	x W	x H			
<input type="checkbox"/> Mop Sink			L	x W	x H			
<input type="checkbox"/> Floor Drain								
<input type="checkbox"/> Dishwasher			<b>GPM:</b>			<b>Temp:</b>		<b>Distance from GI:</b>
<input type="checkbox"/> Food Grinder/ Disposal			<b>GPM:</b>					
<input type="checkbox"/> Wok/ Tilt Kettle			<b>Gallons:</b>					

**III. Grease Interceptor Device**

Type (Circle One):      **Exterior**                      **Interior**                      **Automatic**

Existing Structure       Proposed Structure

Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Flow Rate: \_\_\_\_\_ Cleaning Schedule: \_\_\_\_\_

Grease Disposal Methods: \_\_\_\_\_

Service Records       YES       NO      How long? \_\_\_\_\_ Location: \_\_\_\_\_

Sampling Structure       YES       NO      Location: \_\_\_\_\_

Cleaning       Transporter       FSE Staff (Interior or Automatic Only)

Transporter Company Name: \_\_\_\_\_

Transporter Company Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Certification #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Sampling Structure:       YES       NO      Location: \_\_\_\_\_

**For Proposed Structures please provide the following:**

BRWA Approved Grease Interceptor Installation:       YES       NO

BRWA Approved Sampling Structure Installation:       YES       NO

Proposed Flow Rate for Facility (GPM): \_\_\_\_\_

Number of Appliances and/or Drains that will empty into Grease Interceptor: \_\_\_\_\_

Structure inspected and approved by BRWA Date: \_\_\_\_\_  
 Structure scheduled for inspection by BRWA Date: \_\_\_\_\_

#### IV. Solids Interceptor Device

Type (Circle One):    **Exterior**                      **Interior**                      **Automatic**

Existing Structure     Proposed Structure

Location: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Flow Rate: \_\_\_\_\_ Cleaning Schedule: \_\_\_\_\_

Solids Disposal Methods: \_\_\_\_\_

Service Records     YES     NO    How long? \_\_\_\_\_ Location: \_\_\_\_\_

Sampling Structure     YES     NO    Location: \_\_\_\_\_

Cleaning                       Transporter     FSE Staff

Transporter Company Name: \_\_\_\_\_

Transporter Company Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Certification #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**For Proposed Structures please provide the following:**

BRWA Approved Solids Interceptor Installation:     YES     NO

Proposed Flow Rate for Facility (GPM): \_\_\_\_\_

Number of Appliances and/or Drains that will empty into Solids Interceptor: \_\_\_\_\_

Structure inspected and approved by BRWA Date: \_\_\_\_\_  
 Structure scheduled for inspection by BRWA Date: \_\_\_\_\_

#### V. Signature

I hereby certify that the above information is correct. I am also aware that any changes in any of the above information will require a re-application and possible increase in the size of the Grease Interceptor Device required.

I also agree to have the Grease Interceptor Device cleaned by a certified transporter service company at a frequency which ensures all operating conditions for the Grease Interceptor are properly maintained.

This registration is valid only for the specific facility, ownership, processes, and operations indicated above. As such, it cannot be sold, transferred, or reassigned.

**Owner Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_



1723 Falling Creek Rd.  
Bedford, VA 24523  
(540) 586-7679, ext. 105  
FROG@brwa.com

**Please attach a copy of the Food Service Establishment menu.**