

Grease Interceptor Device Registration Form

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 _____

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	_____
<input type="checkbox"/> Pressure Cooker	_____	<input type="checkbox"/> 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			GPM:		Temp:		Distance from GI:	
<input type="checkbox"/>	Food Grinder/ Disposal			GPM:					
<input type="checkbox"/>	Wok/ Tilt Kettle			Gallons:					

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: _____

Please attach a copy of the Food Service Establishment menu.