



FOOD FACILITY WASTEWATER DISCHARGE SURVEY

City of Shasta Lake
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 Shasta Lake, CA 96019
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FOOD FACILITY SURVEY FOR THE FOLLOWING CATEGORIES:

Restaurants, Grocery Stores, Mini-Marts, Coffee Shops, Churches, Meat-Cutting Facilities, Senior Living Facilities, Assisted Care Centers, and any other Food Preparation Facilities

Type or print clearly. Attach additional sheets if necessary.

Plan Check # _____

| | |
|-------------------------------|-------------------------|
| Facility Name: _____ | Telephone: _____ |
| Address: _____ | City, State, Zip: _____ |
| Cell: _____ Fax: _____ | Email: _____ |
| Responsible Party Name: _____ | Telephone: _____ |
| Address: _____ | City, State, Zip: _____ |
| Cell: _____ Fax: _____ | Email: _____ |

City Water Utility Account Number: _____

Total Number of Employees (all shifts and management): _____

Days and Hours of Operation: _____

Maximum Seating Capacity: _____

Estimated Number of Meals Served: Breakfast _____ Lunch _____ Dinner _____

Percent of Meals that are Carry Out: _____ Percent Single Service Utensils: _____

A. KITCHEN EQUIPMENT (Include product specification sheets if possible.)

1. **Dishwasher:** How many? _____ Make: _____ Model: _____
 Number of racks/hour: _____ Gallons per rack (gallons/cycle): _____

| 2. Sinks/Drains | How many? | Size (length, width, depth) | Drain Pipe Size (in.) |
|---------------------------|-----------|-----------------------------|-----------------------|
| Dish wash sink (3-comp.) | _____ | _____ | _____ |
| Prep sink (1-compartment) | _____ | _____ | _____ |
| Pre-wash/Spray Sink | _____ | _____ | _____ |
| Kitchen Hand Wash | _____ | _____ | _____ |
| Bar Sink | _____ | _____ | _____ |
| Mop Sink | _____ | _____ | _____ |
| Floor Sink | _____ | _____ | _____ |
| Floor Drain | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |

3. **Floor Mats** Are floor mats used in food preparation areas? Yes No
 Location where floor mats are washed: _____

NOTE: Washing any equipment, including floor mats, to an outdoor parking lot storm drain is prohibited. Storm drains flow to creeks, streams, or to the river with no treatment.

| | | | | | | |
|---------------------------------|-----------|----------------------|-------|----------------------|--------|----------------------|
| 4. Ice Machine(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 5. Deep Fryer(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 6. Hot Grill(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 7. Broiler(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 8. Rotisserie(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 9. Microwave(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 10. Oven(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 11. Wok(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 12. Hood(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 13. Smoker(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 14. Barbeque(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 15. Espresso Machine(s) | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |
| 16. Other: <input type="text"/> | How many? | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> |

B. OIL AND GREASE DISPOSAL

- Fryer Grease Disposal Container(s) How many? Size:
Service Company:
- Oil and Grease Interceptor or Grease Trap Size (gal):
Pumping Company:
Pumping Schedule: Date Last Pumped:

C. MENU

- Attach a complete menu or list of proposed foods.
- List foods prepared on site and method of preparation (i.e., baked, fried, broiled, etc.)
- Are meats, seafood, poultry, or processed meats used? Yes No
If yes, indicate whether they are delivered pre-cooked or prepared and cooked on site:
- Are milk, cream, salad dressing, soups, or sauces are routinely disposed in a sink? Yes No
If yes, indicate the quantity disposed per day (quarts, gallons, etc.) and frequency of disposal (hourly, per shift, daily).

D. MEAT CUTTING

- Pounds of meat cut per day:
- Methods of cleaning and disposal of meat cutting wastes:
- Meat cutting waste disposal service/company:

E. KITCHEN LAYOUT: Include a drawing showing the location of all kitchen equipment, floor sinks, and floor drains. Hand drawings or copies of plumbing/equipment plans are acceptable.

Facility Owner Name (print): _____

Facility Owner Signature: _____ Date: _____

Menu Attached? Yes No

Kitchen Layout drawing attached? Yes No