



**City of Waterloo Waste Management Services
Food Service Establishment Inspection**



General Information

Facility Name: _____
Business Address: _____
Mailing Address: _____
Contact and Title: _____
Phone Number: _____
Representative Present and Title: _____
FOG Inspector: _____
Date & Time of Inspection: _____; _____

Type of Inspection

- | | |
|---------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Initial Inspection | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Annual | <input type="checkbox"/> Compliance |

Type of Food Service Establishment

- | | |
|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Full Service Restaurant |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Coffee Shop / Deli |
| <input type="checkbox"/> Hospital / Residence Home | <input type="checkbox"/> Processing |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Other (specify): |

Facility Operations

Days / hours of operation: _____
Type of food served: _____
Average number of customers served per day: _____
Seating capacity: _____

- | | | |
|------------------------------------------------------|------------------------------|-----------------------------|
| Dishwasher in use: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage disposal in use: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dishwasher / disposal attached to FOG device: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Current FOG Control Device

- | | |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (specify): |

Number of drains, sinks, etc. connected to device: _____

Grease Trap Maintenance

Grease Hauler Used: _____

Last Maintenance Date: _____

Maintenance Records: _____

Yes No N/A

Maintenance occurring a minimum of quarterly: (_____) _____

Yes No N/A

City of Waterloo approved hauler:

Yes No N/A

Disposal Location: City of Waterloo Waste Management Services

Condition of Grease Trap

- Good
- Fair
- Poor – needs immediate attention (see comments)
- N/A

Measurement of Device (Inlet side): *Inspection* _____

Total Liquid Depth (inches): _____

Total FOG (inches): _____

Total Solids (inches): _____

Meets the 25% rule: (_____% full)

Yes No N/A

Free of Debris / Garbage:

Yes No N/A

Baffle Wall Secure:

Yes No N/A

Free of Cracks / Defects:

Yes No N/A

Outlet Tee Secure:

Yes No N/A

Miscellaneous

BMPs currently implemented:

Many Some Few

Chemicals in use:

Yes No

Sampling

Sample port present:

Yes No

Oil & Grease sample taken:

Yes No

Location description: N/A

Results of O & G sample: N/A