



**TOWN OF JAFFREY  
INDUSTRIAL PRETREATMENT PROGRAM  
GREASE TRAP SURVEY QUESTIONNAIRE**

**Company Name:** \_\_\_\_\_

**Date:**

**Address:**

**Phone/fax/Email:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Company Contact:** \_\_\_\_\_

1. Do you have a grease trap?      YES \_\_\_\_      NO \_\_\_\_  
    If you answered YES, please go to question numbers 2 thru 9  
    If you answered NO, please go to question numbers 10 thru 14
2. Describe the size and general condition of the  
    unit: \_\_\_\_\_
3. How often is the grease trap serviced? \_\_\_\_\_
4. When was the grease trap last serviced? \_\_\_\_\_
5. Is your dishwasher and garbage grinder connected to the grease trap? YES \_\_\_\_ NO \_\_\_\_
6. Are your kitchen sinks connected to your grease trap? YES \_\_\_\_ NO \_\_\_\_
7. How does your facility dispose of cooking grease and deep fat fry  
    grease? \_\_\_\_\_
8. How are the grill cleanings disposed of? \_\_\_\_\_
9. Approximately how many customers do you serve per month?
10. Is food processed in the establishment?      YES      NO

11. Please describe food preparation and clean up activities: \_

\_\_\_\_\_

12. Are your kitchen sinks connected to garbage disposal? YES \_\_\_\_ NO \_\_\_\_

13. How is the excess process product disposed of? \_\_\_\_\_

14. How is by products of food process contained (in reference to):

A. SOLID WASTES: \_\_\_\_\_

B. OIL & GREASE: \_\_\_\_\_

C. VISCOUS WASTES: \_\_\_\_\_

D. LIQUID WASTES: \_\_\_\_\_

I certify under penalty of law that the above mentioned information is true and accurate to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

**Industrial Pretreatment Coordinator  
Town of Jaffrey DPW  
23 Knight Street  
Jaffrey, N.H. 03452  
Telephone: (603) 532-6521  
*or*  
Wastewater Plant Manager  
Jaffrey Wastewater Treatment Facility  
2 Old Sharon Road  
Jaffrey, N.H. 03452  
Telephone: (603) 532-6914**