



Town of Scituate Board of Health
Fats, Oils and Grease Regulations Questionnaire

Name of Business:	
Name of Owner:	
Business Address:	
Preferred Contact Phone #:	
Preferred Contact Email:	
Square Footage of Business:	
Number of Seats:	
Number and Capacity (in gallons) of Grease Interceptors (internal and external):	
Location of Grease Interceptor (internal, external, under sink, etc.)	
Number of Fryolators: (Capacity in gallons)	
Number of Woks (Capacity in gallons)	

1. Outside storage of used kitchen waste oil or fats? Y ☐ N ☐
2. Location of Storage: _____
3. Contract for removal of used kitchen waste oils and fats?
Y ☐ N ☐
4. Name and phone number of contractor for removal of used kitchen waste oils and fats:
Name: _____ Phone #: _____

5. Frequency of pick-up_____
6. Is there a contractor for maintenance and inspection of grease trap/interceptors (internal and/or external)? Y ☐ N ☐
7. Name and phone number of grease trap/interceptors maintenance and inspection contractor:
Name_____Phone #:_____
8. Frequency of grease trap/interceptors inspection and/or cleaning_____
9. If no contractor, who does cleaning and inspection and how often? _____

10. Do you have records that can be provided to the Board of Health upon request? Y ☐ N ☐
11. Is your establishment on town sewer or septic system? _____