

OAK RIDGE, TN FOG INSPECTION of New FSEs for GCE Approval
SOFT Database info needed for new food service establishments input of initial inspection data:

Facility Name: _____

Address: _____

City: _____ Zip Code: _____

*Mailing Address if different than above: _____

Contact Person: **Mr. / Ms.** _____

Title: _____ PHONE: _____

Date of Inspection: _____ **Inspector Name:** _____

Facility Type:

___ Restaurant ___ Mobile Food Unit ___ Retirement Ctr. / Nursing Home

___ Quick Stop Market ___ Grocery Store ___ Hospital ___ Prison

___ Misc.(_____) *Previous FSE at location?* _____

Grease Control Equipment

GREASE INTERCEPTOR: ___ Yes ___ No

___ 500 gallons ___ 750 gallons ___ 1,000 gallons ___ 1,500 gallons

___ 2,000 gallons ___ 3,000 gallons ___ Other: _____ gallons

___ Two Interceptors in series (Tank 1 size _____ gal, Tank 2 size _____ gal)

___ Two Interceptors in parallel (Tank 1 size _____ gal, Tank 2 size _____ gal)

GREASE TRAP: ___ Yes ___ No

___ Under the Sink ___ Indoor floor trap ___ Outdoor floor trap

___ 20/40, ___ 35/70, ___ 50/100, or ___ Other: _____

GREASE CONTROL EQUIPMENT APPROVED? ___ Yes ___ No

Reason for not approving/conditions to be met for approval:

NEAREST DOWNSTREAM MANHOLE ID: _____

Comments (location of GCE?, recycle bin ok?, cleanout covers ok?, outdoor mop sinks?)
