



CITIES OF SOUTH SAN FRANCISCO AND SAN BRUNO FOOD FACILITY INSPECTION REPORT

FACILITY NAME: _____ DATE: _____

FACILITY ADDRESS: _____ CITY: _____

CONTACT: _____ PHONE: _____ E-MAIL: _____

PERMIT #: _____ HOURS OF OPERATIONS: _____ WORK DAYS PER WEEK: _____ # OF EMPLOYEES: _____

1. **TYPE OF FOOD FACILITY:** _____

2. **KITCHEN EQUIPMENT:** DEEP FRYER GRILL SOUP KETTLE ROTISSERIE RANGE/WOK
 OVENS MIXER COMPARTMENT SINK MOP SINK DISHWASHER GARBAGE DISPOSAL

3. **GREASE REMOVAL EQUIPMENT:** (TRAP OR INTERCEPTOR) SIZE: _____ LBS or GALLONS

LOCATION: _____ INSIDE OUTSIDE

DEVICE OPENED: YES NO DEVICE WORKING PROPERLY: YES NO

CLEANING FREQUENCY: _____ LAST CLEANED: _____ METHOD: _____

PUMPER NAME: _____ COPY OF MANIFEST OR LOG SHEET: _____

IS AN EMPLOYEE PRESENT TO OBSERVE GREASE INTERCEPTOR PUMPING? _____

USE OF ENZYMES, EMULSIFIERS OR OTHER ADDITIVES IN GREASE TRAP:
 YES NO If YES, NOTE NAME IN COMMENTS.

4. **USED GREASE/OIL SEGREGATION:** (CIRCLE) A) RECYCLE BIN/BARREL B) TRASH C) NO USED GREASE/OIL
D) OTHER _____

ARE GREASE AND FOOD SCRAPS FROM PLATES, POTS, PANS, AND GRILLS SCRAPED INTO A CAN OR TRASH FOR
DISPOSAL? _____ IF NO, WHERE IS THE FOOD WASTE DISPOSED: _____

5. **WASH DOWN:** FLOORS: _____ STORMDRAIN? YES NO MATS: _____ STORMDRAIN? YES NO

MOP WATER _____ STORMDRAIN? YES NO TRASH AREA CLEAN: YES NO

LIDS ON DUMPSTERS CLOSED: YES NO

6. **COMMENTS/REQUIREMENTS:** _____ FACILITY IN COMPLIANCE: YES NO

SIGNATURE OF OWNER/MANAGER

INSPECTOR