**FSF Inspection Form**

Permit Number F –

Facility Name

Facility Address

 Kansas City, KS 661

Mailing address if different

Contact Name

Email Phone

Facility Type (check all that apply)

Bakery Bar or Pub with alcohol sales only

Bar or Pub with food prep Cafeteria

Care facility **Coffee shop – no food**

Coffee shop – with food

Convenience Store: food prep

**Convenience Store: pre-packaged food only**

Fast Food Hospital

Ice cream store Restaurant

Sandwich shop School

Supermarket with food preparation Supermarket with meat cutting

Other

Inspection Date Inspection Time

Inspection Type

 Initial Evaluation

 Complaint / Compliance

 Exemption Evaluation – no cleaning reports required

 Facility only sells pre-packaged food (no on-site preparation) – remove from active list

 Follow up inspection (date of prior )

 Other

Type of equipment

 Grease Trap Lbs No.

 Grease Interceptor Gallons Number of units

 Not Applicable

Name of hauling company

 Cleaned by facility personnel

 Not Applicable (no equipment)

Frequency of cleaning Quarterly

 Semi-Annual

 Annual

 Other

Latest cleaning manifest dated

Are the following devices connected to the trap / interceptor?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES | NO | N/A | Unknown | Type of Device |
|  |  |  |  | Dishwasher |
|  |  |  |  | Dishwasher pre-rinse |
|  |  |  |  | Floor drain(s) |
|  |  |  |  | Food grinder(s) / disposal(s) |
|  |  |  |  | Multiple compartment sink(s) |
|  |  |  |  | Steam kettle(s) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are Posters in plain sight? YES NO N / A

Is Permit on-site? YES NO N / A

Is yellow grease recycled? YES NO N / A

 If YES, name of recycler

Is Employee BMP Log up-to-date? YES NO N / A

Are pictures attached? YES NO N / A

Follow-up inspection required? YES NO

Information requested from facility

 Annual Report for

 Employee BMP Log

 Cleaning Report for

 Other

Information requested by facility

**Conclusion:**

Facility is exempt YES NO

Permit required YES NO

Permit update required YES NO

Cleaning frequency Quarterly Semi-Annual

 Annual Other

No change in status YES NO

Signature of inspector

A copy of completed form is to be submitted to the facility within 30 days of inspection