

Nibbler Quality Control Questionnaire
Tavern / Sports Bar

Facility Name _____ **Date** _____
Physical address _____
Owner name _____
Mailing address _____
Phone # _____

Facility is in a rural setting Yes _____ No _____

Hours:

Weekdays only _____ Hours _____ to _____
Sat _____ Hours _____ to _____
Sun _____ Hours _____ to _____

Special Considerations:

Public Restrooms: Yes _____ No _____
Seasonal _____
Other _____

Meals Served: (check all that apply) Breakfast _____ Lunch _____ Dinner _____

Average # of Meals Served or Transactions per Day: (indicate meals or transactions)

Peak Season--

Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Sat _____ Sun _____

Off Season—if applicable:

Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Sat _____ Sun _____

Special Occasions (i.e. Mothers' Day, Father's Day, Tournaments, Super Bowl Sunday, etc.)

where meals served exceeds #s shown above: _____

Live entertainment:

Weekends only Yes _____ No _____
If no which weekdays Yes _____ No _____

Seating: Total Seating _____ Lounge _____ Dining _____ Deck/Patio _____

Type of Service (indicate all that apply)

Full Service _____ Take Out _____ Other (catering, etc) _____

Type of Menu: (indicate all that apply)

Hamburger _____ BBQ _____ Oriental _____ Mexican _____
Seafood _____ Chicken _____ Italian _____ Breakfast _____
Other _____

Beverages: (indicate all that apply)

Tap beers _____ Canned & bottled only _____
Wine _____ Hard liquors & mixed drinks _____

Salad bar? Yes _____ No _____

Deep fat fryer? Yes _____ No _____

Type of cooking oils/fat used? (Circle all at apply) Animal Vegetable Liquid Solid

Garbage Disposal Used? Yes _____ No _____

Tableware Standard _____ Disposable _____ Other _____

Are washable dinner and cookware scrapped into garbage to be disposed of prior to rinsing or washing? Yes _____ No _____

Dishwasher: Yes _____ No _____ Hot Water Rinse _____ Chemical Rinse _____

Do you have an open screen installed after the sink or dishwasher? Yes _____ No _____
If yes, how often is it cleaned? _____

Are any ice machines or other cooling devices plumbed to send waste water to the septic system? If so what type of machine (manufacturer and model #)

Are bathroom fixtures or any other water using devices rated as low flow? If so, please list.

What is the water pressure? _____

Any Kitchen practices which may raise or lower the water use or waste strength going into your system such as thawing foods under running water, disposal of mop water, use of drain cleaners, floor strippers, degreasers, hood cleaning products, etc? If you need more space continue on back.

Does facility utilize a grease trap inside building? Yes _____ No _____ If yes, how often is trap cleaned? _____

Flows from facility are commingled: Inside _____ Outside _____

Septic tank(s) total capacity? _____ Date of last septic tank(s) pump- out? _____

How often is septic tank(s) pumped out? _____

Grease tank(s) total capacity? _____ Date of last grease tank(s) pump- out? _____

How often is grease tank(s) pumped out? _____

Monthly water meter readings for one year period: Jan _____ Feb _____ Mar _____

Apr _____ May _____ June _____ July _____ Aug _____ Sept _____

Oct _____ Nov _____ Dec _____