



## INSTITUTIONAL QUESTIONNAIRE

Date: \_\_\_\_\_

<b>Client Name:</b>			
<b>Address:</b>			
	<b>Tel:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>Person to contact:</b>			
<b>ML Representative:</b>			

Area	Current Type of Problem				Current Solutions		
	Bad Odor	Sludge	Clogging	Over Flow	Biological	Technical	Chemical
Septic Tank							
Holding Tank							
Grease Trap							
Waste Water							

REMARKS: Please put a tick-mark each category.



## INSTITUTIONAL QUESTIONNAIRE

**Grease Trap/Septic tank**

<b>Institutional Client name :</b>		<b>Date:</b>	
<b>Address:</b>	<b>Tel:</b>		
	<b>Fax:</b>		
	<b>E-mail:</b>		
	<b>Remark</b>		
Contact person & position:			
<b>No:</b>	<b>Kitchen</b>	<b>Grease trap</b>	<b>Septic tank</b>
<b>Grease trap Type (A,B,C,...)</b>			
<b>Length</b>			
<b>Width</b>			
<b>Depth</b>			
<b>Number</b>			
<b>Number of Pump out Daily/Weekly/Monthly</b>			
<b>Number of Manholes in kitchens &amp; restaurants</b>			
<b>Number of Dishwasher</b>			
<b>Diameter of drainage pipes</b>			
<b>Clear definition of the problem</b>			

Which and how much disinfectant, cleaning material currently has being used?

- 1.
- 2.
- 3.
- 4.