## APPENDIX D: QUESTIONNAIRE

## Food Service Industry Commercial Water Audit Questionnaire

Date of Audit \_\_\_\_\_

1. General information					
Business name			Phone _		
	Contact person name and title				
Physical address					
Mailing address (if different)					
2. Background information					
Restaurant water account # water meter #					
Is all of the water billed to this account used by this restaurant? Yes \[ \] No \[ \]					
If No, who are the other u	sers? Provide a	ny submetering	g information ava	ilable.	
-					
Total water billed in 2007	Jan	Apr	Jul	Oct	
(gallons)	Feb		Aug	Nov	
	Mar	Jun	Sep	Dec	
Meter: Size	Туре	Loca	tion		
Number of employees		Number of sh	ifts per day		
Number of meals served per day		Days and hours of operation			
Date the facility was built		Size of the facility (square footage)			
Restaurant seating capacity		Date of last remodel			
Description of any existing water conservation measures					

3. Kitchen water use				
Dishwasher descript	tion and use (number of loads washed each day)	·		
	. 10 1/ 🗆 17			
Is the dishwasher rii	nse water reused? Yes No			
Number of kitchen f	faucets	Aerator	Flow rate	
Туре:	Usage:	Yes/No	(gpm)	
1				
2				
3				
4				
5				
6				
7				
8				
0				
1.1				
12 _				
13				
14				
 15				
16				
 17				
18				
19				
20				

Ice machine	Brand		Model number
		rity	
Is a garbage	disposal used?	Yes No	If so, number of minutes used per day
Is there a wa	ater softener?	Yes No	If so, list the Brand
			Model number
			Percent discharged
Does the wa	ter softener rur	n on a <i>timer</i> ?	or on measured flow?
Describe cle	aning methods	and equipment	(for floors, etc.)
	_		
Discuss any	other kitchen v	water use	
•			
4a. Men's	Restroom	water use	
Toilets: G	ravity tank: N	Iumber	Volumes
Fl	ush valve: N	Iumber	Volumes
Urinals: N	umber	Volumes _	
Have any to	ilets or urinals	been retrofitted	with lower flow models? Yes 🔲 No 🗍
If so, ho	w many?	Whe	en?
			stimated flow
			None All Number

4b. Women's Restroom water use					
Toilets:	Gravity tank:	Number _	V	olumes	
	Flush valve:	Number _	V	olumes	
Have any	v toilets been re	trofitted wit	h lower flow	models? Yes 🗌 No 🗌	
If so,	how many?		When?		
Lavatory	sinks: Numbe	er	Estimate	ed flow	
How man	ny faucets have	aerators ins	talled? Non	e 🗌 All 📗 Number_	
5. Laundry water use					
Are any o	clothes washing	g machines u	used on-site? \		
If so, list	the type, brand	, model nun	nber, and capa	acity for each:	
Branc	1:			Model number:	Capacity:
Number of laundry loads washed daily?		Is the rinse water reu	sed? Yes 🗌 No 🗌		
6. Cooling water use					
Cooling I	Units:		Number	Size	
Evap	oorative cooler			_	
Refri	gerated air			_	
Othe	er			_	
If evapor	ative cooling is	used, do the	e cooling units	s recirculate water? Yes [	No
How man	ny days per yea	ar is the cool	er used?	How long each o	lav?

7. Outdoor water use			
Area of irrigated landscape:			
Landscape materials:			
Plant type	Percentage of total area		
Plant type	Percentage of total area		
Plant type	Percentage of total area		
Watering/irrigation system description			
Irrigation schedule: Time of day Season	nal adjustment		
Describe scheduler management: (how/when scheduler is read, adjusted)			
Number of days per week Number o	f weeks per year		
Condition of landscape (maintained, mulched, abandoned,	etc.		
Describe any other outdoor water uses.			
8. Other uses, leaks, and lost water			
Method of floor mat cleaning:			
If sprayed, estimate the number of minutes per day.			
Describe any wait station water use.			
Describe any janitor closet water use.			
List any quantifiable leaks and estimated rates and location	S		
Are there any showers on-site? Yes \( \square\) No \( \square\) If so:			
Number Use frequency Estimated flow			
Describe any other water uses.			