

Questionnaire food markets

Filled in by (family name, first name, position, company)

Date:

1. Name of market: _____
2. Address: _____

3. Contact person: _____ phone: _____
4. Data on occupied surface:
 - a. Total (m²): _____
 - b. Commercial purposes (m²): _____
 - c. Producers of agr. prod. (m²): _____
 - d. Parking lot (m²) or (no. of vehicles): _____
5. No. of basins for washing products (items) _____
6. No. of lavatories _____
7. No. of locker rooms _____
8. Utilities:

| | | |
|------------------|--|---|
| Drinking water | Mun. network | <input type="checkbox"/> Yes / <input type="checkbox"/> No - Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | Own source (wells) | <input type="checkbox"/> Yes / <input type="checkbox"/> No - No. of wells: Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Wastewater | Municipal sewer | <input type="checkbox"/> Yes / <input type="checkbox"/> No - Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | Market's sewer | Common for storm/sanitary wastewater <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | Pre-treatment | <input type="checkbox"/> Yes / <input type="checkbox"/> No; Type: _____ |
| Heating | RADET | <input type="checkbox"/> Yes / <input type="checkbox"/> No - Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | Own source | <input type="checkbox"/> Yes / <input type="checkbox"/> No - Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Electrical power | <input type="checkbox"/> Yes / <input type="checkbox"/> No; Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No Types of lighting equipment: Other equip. fueled on electrical power:..... Systems for reduction of electrical power consumption: | |
| Natural gas | <input type="checkbox"/> Yes / <input type="checkbox"/> No; Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No | |
| Wastes | Selective collection: | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | Contract for taking over non-recyclable waste: | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| | Contract for taking over recyclable waste: | <input type="checkbox"/> Yes / <input type="checkbox"/> No Type of recyclable waste: |
| | Collection facilities | Type: No: Type: No: Type: No: Type: No: |

9. Monthly consumption:

| Type: | Jan. | Feb. | Mar. | Apr. | May | Jun. | Jul. | Aug. | Sep. | Oct. | Nov. | Dec. |
|----------------------------------|------|------|------|------|-----|------|------|------|------|------|------|------|
| Drinking water (m ³) | | | | | | | | | | | | |
| Wastewater (m ³) | | | | | | | | | | | | |
| Emptied (m ³) | | | | | | | | | | | | |
| Electrical power (kWh) | | | | | | | | | | | | |
| Heating RADET (Gcal) | | | | | | | | | | | | |
| Heating from own source: | | | | | | | | | | | | |
| Liquid fuel | | | | | | | | | | | | |
| Natural gas | | | | | | | | | | | | |
| Solid fuel | | | | | | | | | | | | |
| Electrical power | | | | | | | | | | | | |

10. Monitoring:

| | | |
|--|--|------------|
| Drinking water | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Frequency: |
| (Sanitary) wastewater | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Frequency: |
| Recyclable waste | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Frequency: |
| Non-recyclable waste | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Frequency: |
| Emissions to air (CO ₂ equivalent): | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Frequency: |
| Noise | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Frequency: |
| Others | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Frequency: |

11. Quantities of waste generated -

| Wastes | Jan. | Feb. | Mar. | Apr. | May | Jun. | Jul. | Aug. | Sep. | Oct. | Nov. | Dec. |
|--------|------|------|------|------|-----|------|------|------|------|------|------|------|
| | | | | | | | | | | | | |

Out of which (percentages) :

- vegetal
- paper-cardboard
- plastic
- metal
- glass
- others

12. Wastewater quality:

- Suspended solids (mg/l): _____
- Detergents (mg/l): _____
- Grease (mg/l): _____
- f-sanitary (mg/l): _____

13. Cleaning:

- a. No. of personnel: _____
- b. Cleaning equip: _____
- c. Cleaning agents used
 - detergents (type and quantity): _____
 - disinfecting agents (type and quantity): _____
 - deratization (frequency): _____