

Questionnaire Retail Shops

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

Date:

1. Name of shop: _____
2. Type of shop: _____
3. Address (in the market): _____
4. Contact person: _____ phone: _____
5. Personal no: _____
6. Equipment: _____
7. Payment at the cash register / at the shop assistant
8. Data on occupied area:
 - a. Total (m²): _____
 - b. Commercial purposes (m²): _____
 - c. Annexes (m²): _____
 - d. Parking lot (m²) or (no. of vehicles): _____
9. No. of lavatories _____
10. No. of locker rooms _____

11. 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	Mun. sewer	<input type="checkbox"/> Yes / <input type="checkbox"/> No - Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No
	Pre-treatment	<input type="checkbox"/> Yes / <input type="checkbox"/> No; Type: _____
Heat	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
Cooling agent	<input type="checkbox"/> Yes / <input type="checkbox"/> No; If YES, specify: Refrigerating equipment: Type: No. Frigorific agent used: Type: No. Frigorific agent used: Type: No. Frigorific agent used: Air conditioning: Type: No. Frigorific agent used: Type: No. Frigorific agent used: Type: No. Frigorific agent used: Others: Type: No. Frigorific agent used: Type: No. Frigorific agent used: Type: No. Frigorific agent used:	
Electrical power	<input type="checkbox"/> Yes / <input type="checkbox"/> No; Metered: <input type="checkbox"/> Yes / <input type="checkbox"/> No Lighting sources (type): Other equipment fueled on electrical power: Systems for reduction of electrical power consumption: Ventilators:	
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

	Installations for collection	Type:	No:
		Type:	No:
		Type:	No:
		Type:	No:

12. 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 provided by own source:												
Liquid fuel												
Natural gas												
Solid fuel												
Electrical power												

13. 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:

14. Waste quantity generated [specify measure unit: m³ or kg]:

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

Out of which (percentage):

- organic
- paper-cardboard
- plastic
- metal
- glass
- others

15. Wastewater quality:

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

16. Cleaning:

Cleaning agents used

- Detergents (type and quantity): _____
- Disinfecting agents (type and quantity) _____
- Deratization (frequency): _____