



Declaration of kitchen practice for restaurant and food factory

Name of the Establishment : _____

Address : _____

Nature of the business : _____

A. Kitchen Practice (Kitchen or Food Factory – hereafter referred to as Kitchen)

1. Which preliminary procedure is used for cleaning the tableware and food utensils ?
☐ The food waste is scraped into waste bins
☐ The food waste is cleared by flushing with water
☐ Other, please specify _____
2. Are *stainless steel / plastic strainers used in the sinks to remove food dregs from the cleaning process ?
☐ Yes ☐ No
3. Are there any grease boxes installed under the sink ?
☐ Yes ☐ No
If “yes”, the cleaning frequency is _____ times per _____ and carried out by *staff / other, please specify _____
4. Are there any devices used at washing bench to remove food dregs during cleaning ?
☐ Yes ☐ No
If “yes”, which type of device is used?
☐ *Bamboo / Stainless steel / Plastic strainer
☐ Other, please specify _____
5. Other than fixed bar screens, any other devices used to retain food dregs in the drainage of kitchen ?
☐ Yes ☐ No
If “yes”, which type of device is used?
☐ *Stainless steel / Plastic strainer
☐ Other filtering device → please complete **section A.6**
6. In surface channel(s), other filtering device in use is *sponge / other, please specify _____

Near the drainage outlet(s), other filtering device in use is *sponge / other, please specify _____

Will their use in the drainage system interrupt flow of wastewater ? ☐ will ☐ will not

*Delete whichever if inappropriate

6.1 Is the same device used in other operations of the kitchen or scullery ?

☐ Yes ☐ No

If “yes”, please specify _____

6.2 What is the average consumption of the filtering device / material ? _____ / month
(supported with copies of invoices for the previous four months)

7. How is frozen food thawed in the food preparation ?

- ☐ In *buckets / sinks with water
☐ In *buckets / sinks with running water
☐ Thaw slowly at room temperature

8. Which kind of ventilation device is installed in the kitchen ?

*Hydro-vent / Air-filter system / Other, please specify _____

9. How is the oily matter gathered from the kitchen and scullery being disposed ?

- ☐ Disposed directly into *waste bins / garbage bags by staff
☐ Disposed into the central grease traps
☐ Stored in buckets and collected by _____
_____ (contractor) for *disposal / other recycling purposes.

10. How many drainage outlets in kitchen and scullery ?

Note: An uninterrupted flow should be maintained.

10.1) _____	No.(s) at _____	10.6) _____	No.(s) at _____
10.2) _____	No.(s) at _____	10.7) _____	No.(s) at _____
10.3) _____	No.(s) at _____	10.8) _____	No.(s) at _____
10.4) _____	No.(s) at _____	10.9) _____	No.(s) at _____
10.5) _____	No.(s) at _____	10.10) _____	No.(s) at _____

11. Are there any recycle tanks in operation during cleaning?

☐ Yes ☐ No

B. Central Grease Traps

Any central grease trap(s) provided for the Establishment ?

☐ Yes ☐ No

If “yes”, please complete **sections B1-B6**:

1. Information of the grease traps : _____ No.(s) of grease traps in operation

Overall dimensions (LxWxH)			No. of chambers	Effective depth	Effective volume	No. of such grease trap	Total effective volume
m x	m x	m		m	m ³		m ³
m x	m x	m		m	m ³		
m x	m x	m		m	m ³		
m x	m x	m		m	m ³		
m x	m x	m		m	m ³		

Other, please specify _____

*Delete whichever if inappropriate

2. Is wastewater generated from ALL operations of the kitchen and scullery discharged to the public drain via those grease traps ?
☐ Yes ☐ No
3. Is wastewater from other establishments discharged to the above-mentioned grease traps?
☐ Yes ☐ No
4. What is the pump-out frequency ?
 _____time(s) per_____ and carried out by _____
 _____(contractor).
(supported with copies of invoices for cleaning of grease trap and grease trap waste disposal record (DSD/TES9(e)) for the previous four months)
5. If the Establishment maintains the grease traps by its own staff, please state the procedure, time and frequency taken to remove and dispose of the scum and settled solids below.
(supported with a logbook verified by authorized person with signature and grease trap waste disposal record (DSD/TES9(e)) for the previous four months)

6. Are there any treatment materials added directly or indirectly to the grease traps for improving the quality of effluent ?
☐ Yes ☐ No

If “yes”, please give the names of the products and responsible local Supplier / Contractor in the following table.

*(supported with an effective Contract OR with *invoices / a dosing logbook verified by authorized person with signature for the previous four months)*

Product [#]	Supplier / Contractor

Remark # Please submit technical information of the product(s) in detail

State the procedure of application of the product(s), including dosage and dosing point below

C. Other methods of treatment

Other *physical / chemical / biological procedures in wastewater treatment

(supported with records verified by authorized person with signature for the previous four months)

*Delete whichever if inappropriate

Note: Unless explicitly approved by Drainage Services Department, any other enhancement or treatment, e.g. filter, net, sponge, or biological products not declared in this form should NOT be temporarily implemented or augmented during the sampling period.

Other Remarks

Declaration

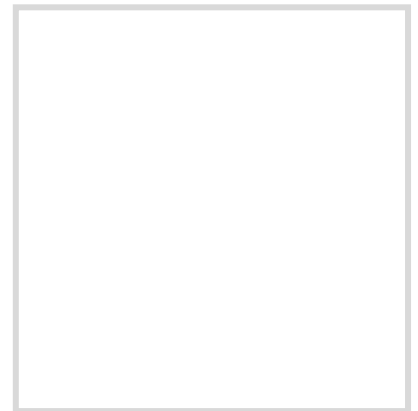
I declare on behalf of the Establishment that the information given in the above Sections A to C is correct. The business operation practices as reported in these Sections are strictly adhered to at all times.

Name of Representative : _____

Post : _____

Signature : _____

Date : _____



Company Chop