



Declaration of kitchen practice for restaurant and food factory

Name of the Establishment : _____

Address : _____

Nature of the business : _____

A. Kitchen Practice

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 strainers / plastic strainers used **in the sinks** to remove food dregs from the cleaning process ?

☐ Yes ☐ No
3. Are there any **grease boxes under sink** installed ?

☐ Yes ☐ No

Cleaning frequency is _____ times per ^{*}day / week.
4. Which device is used at **washing bench**, if present, to remove ^{*}food dregs / food waste during cleaning ?
 - ☐ ^{*}Bamboo strainer / Stainless steel strainer / Plastic strainer
 - ☐ Other, please specify _____
5. Other than fixed bar screens, what other devices are used to retain food dregs in the **drainage** of kitchen ?
 - ☐ ^{*}Stainless steel strainer / plastic strainer
 - ☐ Other filtering materials. If so, please complete section A.6
6. In surface channel(s), other filtering materials in use are ^{*}sponge / _____
 Near the drainage outlet(s), other filtering materials in use are ^{*}sponge / _____
 Their use in the drainage system will / will NOT cause any overflow of wastewater ? ☐ will ☐ will not
 - 6.1 Is the **same material** used in other operations of the kitchen or scullery ?

☐ Yes ☐ No

 If yes, please specify _____
 - 6.2 What is the average consumption of the 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 system / Air-filter system / Other, please specify _____
9. How are the ^{*}fried / roaster oil and other oily matter gathered from the kitchen and scullery being disposed of ?
 - ☐ Disposed of directly into ^{*}waste bins / garbage bags by restaurant staff
 - ☐ Stored in buckets and collected by _____ (contractor) for ^{*}disposal/other recycling purposes
 - ☐ Disposed of into the central grease traps
10. How many **drainage outlets** in kitchen and scullery ? _____ No.(s) at _____
Note: An uninterrupted flow should be maintained. _____ No.(s) at _____
 _____ No.(s) at _____

B. Central Grease Traps

Are **central grease traps** provided for the Establishment ? ☐ Yes ☐ No

If yes, please complete sections B1–B6:

^{*} Delete if inappropriate

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

Overall dimensions (L×W×H)	No. of chambers	Effective depth	Effective volume	No. of such grease trap in operation	Total effective volume in operation
m × m × m		m	m ³		m ³
m × m × m		m	m ³		

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 **minimum pump-out frequency** ? _____ time(s) per *week / month and carried out by _____ (contractor).
(supported with copies of invoices for cleaning of grease trap and disposal of grease trap waste delivery record (form A) for the previous four months)
5. If the Establishment maintains the grease traps by its **own staff**, please state the **normal procedure, time & frequency** taken to remove and dispose of the scum and settled solids below.

(supported with a logbook verified by authorized person with signature and copies of disposal of grease trap waste delivery record (form A) 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 Agent/Contractor in the following table.

(supported with an effective Contract OR with invoices and 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

(supported with verified records of regular maintenance for the previous four months)

Other physical / chemical / biological procedures in wastewater treatment _____

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.

Authorized Person of the Establishment : _____ (block letters please)

Position : _____

Signature & Date : _____

Company Chop : _____