



Declaration of proposed cleaning frequency and date(s) for Central Grease Trap(s) (CGT)

Account No.: _____

In connection with the application for COD reassessment for the above account(s) submitted by the customer, Drainage Services Department (DSD) will decide the sampling dates in between the cleaning dates of the CGT(s) with a view to obtaining representative samples which can truly reflect the actual pollution strength. Such arrangement of sampling dates is therefore based on the cleaning dates and frequency as declared by the customer or the treatment company authorized by the customer ("treatment company") or the appointed laboratory authorized by the customer ("appointed laboratory") to handle this application.

Therefore, the customer and the treatment company / Grease Trap Waste (GTW) collector / appointed laboratory have to explicitly declare and duly sign to confirm all necessary information below and submit the completed form to DSD as soon as possible.

Frequency of CGT cleaning (from ____/____ month/year to ____/____ month/year)	The CGT(s) is/are cleaned____ time(s) for every : ____ year/ ____ month/ ____ week/ ____ day*
Dates of CGT cleaning (from ____/____ month/year to ____/____ month/year)	

(* Please delete if inappropriate)

After completion of sampling, the customer or treatment company /appointed laboratory should submit records of CGT cleaning for the period covering at least 30 days before the first sampling date and 15 days after the last sampling date. The submission shall include GTW disposal record and copy of invoice for the cleaning (wherever applicable).

If no written notification is received, DSD shall assume that the customer and treatment company / GTW collector will carry out cleaning of the CGT according to the above frequency and dates. For cleaning of the CGT on the date(s) other than those declared and without made known to DSD, all samples collected and corresponding results would become void.

Name of customer: _____	Name of treatment Company: _____	Name of grease trap waste collector: _____
Name of Representative: _____	Name of Representative: _____	Name of Representative: _____
I.D. No. : _____	I.D. No. : _____	I.D. No. : _____
Position : _____	Position : _____	Position : _____
Signature of Representative : _____	Signature of Representative : _____	Signature of Representative : _____
Date : _____	Date : _____	Date : _____

Company
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Notes about Personal Data

The personal data provided by means of this form will be used in the application for COD reassessment. The personal data may be disclosed to other government departments, bureaus and relevant organizations, as well as other persons as permitted by the relevant legislation. You have a right of access and correction with respect to personal data as provided in the Personal Data (Privacy) Ordinance. Such request can be made by writing to DSD.

(Remark: The applicant or the authorized representative should submit the original copy of this form for proper registration.)