

## **Grease Trap Waste Disposal Record**

Part A – To be completed by grease trap waste producer

I certify that at the following date and time, personnel or grease trap waste collector in Part B was appointed to collect the mentioned quantity of grease trap waste from the declared waste producing location.  Name of Personnel in Charge (in block letters):  Signature:  Position:	
Address:	
Grease Irap C	Cleaning Invoice Ref. No.  (if applicable) :
	Time :
Company Chop :	Date :
Part B – To be completed by grease trap waste collector  I certify that I collected(m³) of grease trap waste as per the time, date and location listed in Part A in	
	and delivered it to the mentioned waste disposal location
Name of Personnel in Charge (in block letters) :	
Signature :	Position :
Company <sup>^</sup> :	
Waste Disposal Location :	
Tran	nsaction Record Ref. No.
	(if applicable) :
Company Chop :	Date :

Note : The record should be completed properly for every collection of grease trap waste, and submit together with the transaction

record issued by grease trap waste handling facility whenever it is requested by Drainage Authority.

Remarks : ^ For the grease trap waste producer who appoints her own staff to collect grease trap waste, please fill in the relevant information

of producer.

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