



Declaration of proposed cleaning frequency and date(s) for central grease trap(s) (CGT)

Account No. : _____

In connection with the application of COD reassessment for the above account(s) submitted by the applicant, Drainage Services Department (DSD) will decide the sampling dates in between the cleaning dates of the CGT(s) with a view to obtain representative samples which can truly reflect the actual pollution strength. Such arrangement of sampling dates is therefore based on the cleaning date(s) and frequency as declared by the applicant, the laboratory[#] authorized by the applicant to handle this application, as well as the grease trap waste (GTW) collector *and the treatment consultant authorized by the applicant to clean CGT(s).

Therefore, the applicant, the laboratory, GTW collector * and the treatment consultant 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)	

The Laboratory must be a laboratory accredited within the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for the analyses described in this application.

After completion of sampling, the applicant, the laboratory *and the treatment consultant 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 applicant, GTW collector *and treatment consultant 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.

* Delete whichever if inappropriate

Applicant

Name of Establishment : _____

Name of Representative : _____

I.D. No. : _____

Post : _____

Signature of Representative : _____

Date : _____

**Company Chop****Treatment Consultant**

Name of Treatment Consultant : _____

Name of Representative : _____

I.D. No. : _____

Post : _____

Signature of Representative : _____

Date : _____

Grease trap waste collector

Name of grease trap waste collector : _____

Name of Representative : _____

I.D. No. : _____

Post : _____

Signature of Representative : _____

Date : _____

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.