

## **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.	☐ The food waste is scrape ☐ The food waste is cleare	e is used for cleaning the tableware and food utensils?  ed into waste bins  d by flushing with water			
2.	Are *stainless steel / plastic s process ?  Yes No	trainers used in the sinks to remove food dregs from the cleaning			
3.		cy istimes per and carried out by *staff / other,			
4.		washing bench to remove food dregs during cleaning? e is used?			
<ol> <li>6.</li> </ol>	<ul> <li>Yes □ No</li> <li>If "yes", which type of device</li> <li>The "Stainless steel / Plastic</li> <li>Other filtering device →</li> </ul>				
	Near the drainage outlet(s), or	other filtering device in use is *sponge / other, please specify			
	Will their use in the drainage *Delete whichever if inappro	system interrupt flow of wastewater?			

				sed in other o	perations of	the kitchen of	scullery ?	
		Yes						
	If "yes", please specify							
	6.2 What is the average consumption of the filtering device / material? / month							/ month
	(supported with copies of invoices for the previous four months)							
7.	How is frozen	food thaw	ed in	the food prej	paration?			
	☐ In *buck	ets / sinks v	vith v	water				
	☐ In *buck	ets / sinks v	vith 1	running water	r			
	☐ Thaw slo	wly at roon	n ten	nperature				
8.	Which kind of	f ventilation	n dev	ice is installe	ed in the kitc	hen?		
	*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	l into the ce	ntral	grease traps				
	Stored in	buckets ar	d col	lected by				
					(contr	actor) for *dis	posal / other re	ecycling purposes.
10.	How many dr	ainage outl	ets in	kitchen and	scullery?			
Note: An uninterrupted flow should be maintained.								
	ŕ		` ′		· · · · · · · · · · · · · · · · · · ·	)	_ No.(s) at	
	10.2)					)	_ No.(s) at	
	10.5)	No.	(s) at		10.10	0)	_ No.(s) at	
11.	Are there any	recycle tan	ks in	operation du	ring cleanin	g?		
	Yes	] No						
В.	Central Gr	<u>ease Trap</u>	S					
	Any central g	rease trap(s	s) pro	vided for the	Establishm	ent?		
	Yes	□ No	, 1	If "yes", ple	ease comple	te sections B1	- <b>B6</b> :	
1.	Information of	of the greas	e trap	• • •	-	se traps in ope		
	Overall o	dimensions		No. of	Effective	Effective	No. of such	Total effective
	(Lx	WxH)		chambers	depth	volume	grease trap	volume
	m x	m x	m		m	$m^3$		m <sup>3</sup>
	m x	m x	m		m	$m^3$		
	m x	m x	m		m	$\frac{m}{m^3}$		
	m x	m x	m		m	$\frac{m}{m^3}$		
	m x	m x	m		m	m <sup>3</sup>		
	Other, please			<u>[</u>		111		
					111	111		

\*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) perand carried	out by					
		(contractor).					
	(supported with copies of invoices for cl	eaning of grease trap and grease trap waste disposal record					
	(DSD/TES9(e)) for the previous four mor						
5.	If the Establishment maintains the grease traps by its own staff, please state the procedure, time and						
٦.	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 disposa					
	record (DSD/TES9(e)) for the previous for						
	record (DSD/1ES9(e)) for the previous fo	our months)					
6	Are there any treatment materials added directly or indirectly to the grease traps for improving the						
6.	•	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	R with *invoices / a dosing logbook verified by authorized					
	person with signature for the previous four months)						
	Product <sup>#</sup>	Supplier / Contractor					
	Remark # Please submit technical inform	nation of the product(s) in detail					
	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						
<b>C.</b>	omer memous 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						

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treatment, e		e, or biological pro	ducts not declar	t, any other enhancement or ed in this form should NOT be d.
Other Remarks				
-				
		<b>Declaration</b>		
	The business opera		_	in the above Sections A lese Sections are strictly
Name of				
Representative	:			
Post	:		<u> </u>	
Signature				
Signature	•			
				<b>Company Chop</b>
Date	:			