

Grease arrestor maintenance frequency re-assessment form

1. Business Details

Trading Name (business Name) _____

Unit/shop number _____ Street number _____ Lot number _____

Street name _____

Suburb _____ Postcode _____

Trade waste permit number

Grease arrestor barcode number

What is the seating capacity of your business (including alfresco)? _____

- Do you share the seating with any other business? Yes No
- Do you intend to operate a combination oven? Yes No
- Do you intend to operate a wok burner fixture? Yes No
- Is the wok burner connected to the grease arrestor? Yes No
- How many wok burners do you have? _____
- Are you cooking food on the premises? Yes No
- Do you re-heat food cooked off site only? Yes No
- I have attached my existing/proposed menu? Yes No

2. Business Hours

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

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3. Grease Arrestor

What is the size and make of your grease arrestor? _____ Litres Make _____

Do you share your grease arrestor with any other business? Yes No

If yes, what is the name of the business name _____

Who is responsible for servicing any shared grease arrestors e.g. property owner/agent?

The grease arrestor is serviced (pumped out) by the following liquid waste contractor

4. Business contact details

Mr Mrs Ms First name _____ Surname _____

Email _____

Phone _____ Mobile _____

5. Authority to proceed

I, the undersigned, request that my grease arrestor be inspected and monitored to identify if the current frequency of pump out (emptying) can be altered.

I understand that this work normally takes 3 hours and that there is a charge of up to \$440.55 at 2019–20 rates to recover the costs and the frequency may increase or decrease as a result of this request.

I agree to pay this cost.

Any time in addition to the 3 hours will be charged at \$146.85 per hour at 2019–20 rates, the applicant will be advised prior to work continuing.

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Any change to the frequency will result in an amended trade waste permit being issued and your nominated liquid waste contractor being advised of the change.

Name _____ Signature _____

Position _____ Date _____

Please return completed form to
Commercial and Industrial Services

Water Corporation

PO Box 100, Leederville, WA 6902

Email: fogman@watercorporation.com.au