



Site Inspection

Category Classification Decision

For office use only
TW ____ - ____

1. Premises as per Trade Waste Discharge Permit Application.

Contact Name: _____ Contact Number: _____
Business Name: _____
Business Address: _____

2. Details of Trade Waste

2.1 Water Meters

Meter Present - Yes No Required Meter No: _____ Meter Reading _____

2.2 Pedestal (WC) Count

Total number of toilets/pedestals on premises _____

2.3 Food Waste Disposal Units

Are there any food waste disposal units on the premises? Yes No Size: _____ kW/h

2.4 Vent Sizes

Size of Inlet on ? _____ Size of Chamber on ? _____

2.5 Specify (tick box) the substances/chemicals/contaminants which you consider may be present in trade waste.

- | | | |
|---|---|--|
| <input type="checkbox"/> Grease/Cooking Oils | <input type="checkbox"/> Food Particles | <input type="checkbox"/> Laundry Waste |
| <input type="checkbox"/> Disinfectants | <input type="checkbox"/> Motor Oils/Petroleum | <input type="checkbox"/> Acids/Alkalis |
| <input type="checkbox"/> Detergents | <input type="checkbox"/> Photographic Waste | <input type="checkbox"/> Dirt/Sand |
| <input type="checkbox"/> Other (please specify) _____ | | |

2.6 Specify the number (in box) and location (on site plan) of fixtures which will generate trade waste from premises.

- | | | | |
|---|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Single Bowl Sink | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Brine Tub | <input type="checkbox"/> Pot Sink |
| <input type="checkbox"/> Double Bowl Sink | <input type="checkbox"/> Bain Marie | <input type="checkbox"/> Commercial Dishwasher | |
| <input type="checkbox"/> Washing Machines | <input type="checkbox"/> Vehicle Wash | <input type="checkbox"/> Cooking Table (Wok) | |

Other (Please specify) _____

2.7 Specify the location (on site plan), number (in box) and size of pre-treatment apparatus on premises or to be installed on premises.

- | | | |
|--|--|---|
| <input type="checkbox"/> Grease Interceptor Trap | <input type="checkbox"/> Silt Pits | <input type="checkbox"/> Neutraliser Tank |
| <input type="checkbox"/> Triple Interceptor Trap | <input type="checkbox"/> Settling Pits | <input type="checkbox"/> Strainer Pit |
| <input type="checkbox"/> Plate Separator | <input type="checkbox"/> Cooling Pits | <input type="checkbox"/> Silver Recovery Unit |
| <input type="checkbox"/> Mixing Tank | | |

Other (Please specify) _____



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2.8 Please specify the size and type of existing or proposed pre-treatment apparatus (eg. 1000 litre Grease Trap Interceptor).

Size: _____ Type: _____

Size: _____ Type: _____

Size: _____ Type: _____

2.9 For existing premises only; specify approved EPA cleanout contractor and current frequency of cleanout of pre-treatment apparatus' above.

Contractor Name: _____ Contact Number: _____

Frequency _____

3. Site Details

Ensure site plan is attached using page 3 of this inspection form as per instructions below;

- Street and Site boundry
- Building (s) outline
- The location(s) of fixtures which generate trade waste (e.g. sinks, dishwasher)
- The location of pre-treatment apparatus (e.g. grease interceptor trap etc.)

Note: Site plan to be proportional but does not have to be strictly to scale.

Notes



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A large, empty rectangular box with a black border, intended for the site inspection report content.