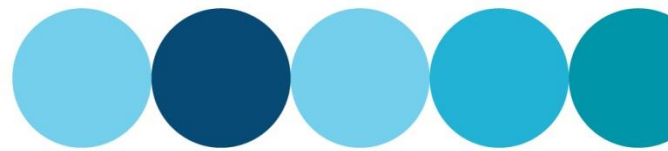


Supplement 8 – Care Facilities



This is an attachment to the Trade Waste Application. Please provide the following information about your business operations (or intended operations). This will help us verify appropriate waste treatment and charging.

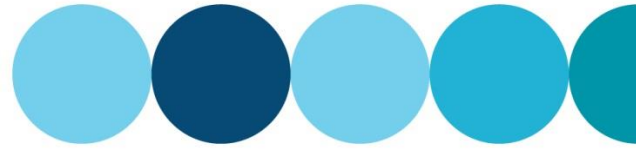
Business trading name _____

Bed Information	
1. If you are opening a new care facility: How many beds will you have in your facility?	_____ beds
2. If you are changing an existing care facility: How many beds do you currently have?	_____ beds
How many beds will you have after the changes?	_____ beds

Catering Information	
3. How do you cater for meals? Meal Preparation Meals prepared from raw materials on site by carers. Meal Re-heat Meals prepared off site and re-heated on site by carers.	Meal Preparation <input type="checkbox"/> Meal Re-heat <input type="checkbox"/>
4. Do you intend to cater any meals for other care facilities other than your own? If yes ; How many?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ beds
5. What size and type of grease arrestor do you propose to install? Size Type	_____ litres _____
6. Will your grease arrestor be fitted with a filter?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Bedpan Macerators	
7. Do you intend to install bedpan disposal macerators? If yes ; What Type? How many?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ _____ Macerator(s)

Open Areas	
8. Will you have an open area such as a bin storage area draining to sewer? If yes ; What size is it? What area will be covered by a roof? What area will not be covered by a roof?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ square metres _____ square metres _____ square metres



Laundry Information	
9. Will there be any laundry done on-site other than personal laundry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do you intend to do any laundry for other care facilities other than your own? If yes ; How many beds?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ beds
11. How many washing machine(s) will you have?	_____ Machine(s)
12. What will be the approximate temperature of the discharge from your washing machine(s)?	_____ °C

Washing Machine Details			
Make	Model	Capacity (litres)	Qty

Important Notes

1. All arrestors and wash down design details must be shown on plumbing plans attached to the Application.
2. Commercial dishwashing machines and glass washers must not discharge to a grease arrestor.
3. The temperature of waste discharging at the downstream TWSP should be no greater than 38°C