Florida Department of Environmental Protection
Grease Waste Service Manifest Completion Guidance

1. In the top left cell enter the manifest number.

A. Grease Waste Hauler Information

2. For Hauler Company Name, enter the complete company name of the licensed company hauling the grease waste on this manifest. This should match the company name shown on the license.
3. For Driver Name, enter the first and last name of the person driving the truck.
4. For Address, enter the street address for the hauler company.
5. For Phone Number, enter the phone number of the Company Contact Name entered in #11 below.
6. For Hauler License #, enter the Florida Department of Environmental Protection Grease Waste Hauler license number issued to the Company hauling the grease waste on this manifest.
7. For City, enter the city for the hauler company address.
8. For State, enter the state for the hauler company address.
9. For Zip Code, enter the zip code for the hauler company address.
10. For County, enter the county name for the hauler company address.
11. For Contact Name, enter the name of the company's primary contact regarding grease waste hauling. This is the person the Department would reach out to with questions.
12. For the Contact Email, enter the email address for the Company Contact Name entered in #11 above.
13. For Truck Load Capacity, enter the storage capacity in gallons for all tanks combined for the vehicle being used to haul the waste on this manifest. The number entered here should be the sum of the numbers entered for the tanks in #15, #16, #17 & #18 below.
14. For Date of Grease Waste Removal, enter the Month, Day and Year that the grease waste was retrieved from the originator.
15. For Tank 1, enter the storage capacity in gallons for the truck's first tank.
16. For Tank 2, enter the storage capacity in gallons for the second tank, if the truck has a second tank. If there is no second tank, enter Not Applicable.
17. For Tank 3, enter the storage capacity in gallons for the third tank, if the truck has a third tank. If there is no third tank enter, Not Applicable.
18. For Tank 4, enter the storage capacity in gallons for the fourth tank, if the truck has a fourth tank. If there is no fourth tank enter, Not Applicable.

B. Originator Information

19. For Originator Company Name, enter the name of the company that generated the grease waste.
20. For Address, enter the street address where the grease waste was generated and picked up.
21. For Phone Number, enter the phone number of the originator company entered in #19 above.
22. For City, enter the city for the originator company address.
23. For State, enter the state for the originator company address.
24. For Zip Code, enter the zip code for the originator company address.
25. For County, enter the county name for the originator company address.
26. For Contact, name enter the name of the originator company's primary contact regarding grease waste hauling.
27. For the Contact, Email enter the email address for the originator company contact name entered in #26 above.
28. For During Business Hours:
    a. Check only the box for yes, if the originator's business was open when the grease waste was picked up.
    b. Check only the box for no, if the originator's business was <u>not</u> open when the grease waste was picked up.
29. For Removal Date, enter the Month, Day and Year when the grease waste was retrieved from the originator. This date should match the date entered in #14 above.
30. For Type of Receptacle, check all of the boxes that apply to the receptacles for which grease waste was removed.
31. For Trap Condition, enter a short description of the condition of the trap and / or interceptor.
32. For Amount Removed per Trap (gallons), enter the amount of grease waste removed from each individual trap for Trap 1 through Trap 8. If fewer than 8 traps exist or no grease waste was removed from a trap, enter Not Applicable in the corresponding blank for that trap.
33. For Hauler's Name (Printed), print the first and last name of the grease waste hauler employee that emptied the trap(s).
34. For Signature field next to Hauler's Name (Printed), the person listed under #33 above will sign the manifest. This signature certifies that the information provided for the Grease Waste Hauler Information and Originator Information sections is correct.

35. For Date field next to the Signature by Hauler's Name (Printed), the person listed under #33 above will enter the Month, Day and Year on which the signature was provided.
36. For Originator Operator's Name, print the first and last name of the originator for the grease waste listed on this manifest.
37. For Signature next to the Originator Operator's Name, the person listed under #36 above will sign the manifest. This signature confirms that all information provided in the Grease Waste Hauler Information and Originator Information sections is correct. If the traps were not emptied during business hours as indicated in #28 above, then this line may remain blank.
38. For Date field next to the Signature by Originator Operator's Name, the person listed under #36 above will enter the Month, Day and Year on which the signature was provided. If the traps were not emptied during business hours as indicated in #28 above, then this line may remain blank.

C. Grease Waste Disposal Facility Information

39. For Disposal Facility Name, enter the complete company name of the Disposal Facility that receives the grease waste on this manifest.
40. For Contact Name, enter the name of the disposal facility's primary contact regarding grease waste hauling.
41. For Address, enter the street address where the disposal facility is located.
42. For Phone Number, enter the phone number for the disposal facility.
43. For City, enter the city where the disposal facility is located.
44. For State, enter the state where the disposal facility is located.
45. For Zip Code, enter the zip code where the disposal facility is located.
46. For County, enter the county name where the disposal facility is located.
47. For Date of Grease Waste Disposal, enter the date the grease waste on this manifest was received by the disposal facility.
48. For Total Amount of Grease Waste Received, enter the total gallons of waste the disposal facility received.
49. For Disposal Facility Certified or Permitted?
    a. Check only the box for yes, if the disposal facility is either certified or permitted.
    b. Check only the box for no, if the disposal facility is <u>not</u> certified or permitted.
50. For Billing Receipt/Ticket Number, enter the number for the billing receipt or ticket provided by the disposal facility.

51. For Hauler's Name (Printed), print the first and last name of the grease waste hauler employee that delivered the grease waste to the disposal facility.
52. For Signature field next to Hauler's Name (Printed), the person listed under #51 above will sign the manifest. This signature certifies that the information provided for the Grease Waste Disposal Facility Information section is correct.
53. For Date field next to the Signature by Hauler's Name (Printed), the person listed under #51 above will enter the Month, Day and Year on which the signature was provided.
54. For Disposal Facility Operator's Name, print the first and last name of the disposal facility employee that received the grease waste at the disposal facility.
55. For Signature field next to Disposal Facility Operator's Name, the person listed under #54 above will sign the manifest. This signature certifies that the information on the form for Grease Waste Disposal Facility Information section is correct.
56. For Date next to the Signature by Hauler's Name (Printed), the person listed under #54 above will enter the Month, Day and Year on which the signature was provided.

D. Tips and Notes

a. The only items that may be blank are the Originator Operator's Name, Signature and Date. These items may only be blank if the grease waste was not received from the Originator during business hours.
b. The only items which may have Not Applicable entered are:
    i. Tank 2 through Tank 4, and only if the truck does not have those additional tanks.
    ii. Trap 2 through Trap 8, and only if the grease waste was not removed from those additional traps.
c. Make no adjustments or deletions to the Grease Waste Service Manifest Form.
d. A copy of the signed completed Service Manifest must be retained onsite by the Originator and the Hauler for 1 year.