FOOD WASTE RECYCLING COMPLIANCE FORM 2013

Revised Ordinance of City & County of Honolulu, Sec. 9-3.5 requires large restaurants, grocery stores, hotels, hospitals, food courts and food manufacturers and processors to recycle food waste. In so doing, these establishments shall not place food waste in the same containers as those holding refuse. City representatives conduct random inspections of businesses affected by this law.

To verify your compliance with this law, we must obtain information about your current food waste recycling program. Please complete this form, including signature by the owner or general manager certifying its accuracy, and return by ________________.

Address (if different than above): _______________________________________________________
Contact person: ___________________________________ Title: _______________________________
Phone number: ______________________ Email: ________________________________

Check appropriate box:

☐ Business is in compliance – food waste is not put in the same container as refuse.

Approximate quantity of food waste recycled per month: tons _______ or gallons _______
Recycling Company: ______________________ Phone: ________________________________

☐ Business is not in compliance and needs assistance.

Explain: ___________________________________________________________________________

☐ Business is not subject to this ordinance. Reason:
☐ Restaurant that serves less than 400 meals per day or occupies less than 5,000 square feet
☐ Market that has less than 18,000 square feet
☐ Food manufacturer or processor that occupies less than 5000 square feet
☐ Other – reason: __________________________________________________________________

If you have questions or need assistance, contact Eileen Helmstetter at mhelmstetter@honolulu.gov or 768-3426. Recycling information is also available online at www.opala.org.

If this form is not returned, an inspector will be dispatched to your establishment to verify compliance. Businesses not in compliance may be subject to fines.

I certify that the foregoing statements are correct to the best of my knowledge.

Name (print) _______________________________ Check one:

☐ Owner ☐ General Manager

Signature _______________________________ Date ________________________________

FAX to 768-3434 / mail by folding form in thirds / scan-email to mhelmstetter@honolulu.gov