

Grease Customer Register Training Session

City of New York
Business Integrity Commission
100 Church Street 20th Floor
New York, NY 10007

- Why do we have the Customer Register?
 - Overview of the Customer Register
 - In-Depth Definition of the fields
 - Main Register
 - Grease Addendum
 - Customer Register Demo
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Why do we have the Customer Register?

- Make sure that the private carting industry is fair and competitive.
 - Analyze the business to carter ratio to check for businesses without carters and bring them into compliance.
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- Register is bi-annual.
 - The submission periods are:
 - January - June – Mailed out Late June – Due last day in July.
 - July - December – Mailed out late December (after Christmas Holiday) – Due last day in January.
 - If you don't receive a register, call to confirm it was mailed out!
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- Register must be submitted with a CD/DVD/Floppy of Data file
 - Must send with Signed and Notarized Certification
 - Can also scan Certification (signed and notarized) and send customer register data file via email to customerregister@bic.nyc.gov
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- 17 Columns (Arranged from Field A to Q)
 - Addendum Worksheet
 - Register MUST have standardized information
 - Each customer must have its own record, even if two businesses share the same address.
 - If a section of the register does not apply or you do not have information for that area, place an “NA” or “NONE” in the field.
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- Register is broken up into 2 sections:
 - Main Register
 - Geographic/Service information
 - Grease generated per customer
 - Grease Addendum
 - Total grease generated for period
 - Transfer station information
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Geographic/Service Information



- A. CARTER'S BIC LICENSE NUMBER (will be the same for all records)
 - B. NAME OF CUSTOMER BUSINESS (use business or trade name)
 - C. ACCOUNT NUMBER (Carter's account number for customer- this is optional)
 - D. CUSTOMER'S CAMIS NUMBER (All restaurants must have this ID number – **FOUND ON HEALTH DEPT PERMIT, please see sample permit for location**).
 - E. CUSTOMER AUTHORIZED REPRESENTATIVE (must include first and last names)
 - F. SERVICE ADDRESS - NUMBER
 - G. SERVICE ADDRESS - STREET
 - H. SERVICE ADDRESS - CITY
 - I. SERVICE ADDRESS - NEW YORK
 - J. SERVICE ADDRESS - ZIP (5 digits)
 - K. SERVICE ADDRESS - TELEPHONE NUMBER (area code & tel. number)
 - L. TYPE OF BUSINESS (see business codes sheet)
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Grease Generated per Customer



- M. YELLOW GREASE GALLONAGE (total quantity of waste vegetable oil collected during this 6 month period)
 - N. NUMBER OF YELLOW GREASE PICKUPS DURING THE 6 MONTH PERIOD
 - O. BROWN GREASE GALLONAGE (total quantity of brown or trap grease pickup during this 6 month period)
 - P. NUMBER OF BROWN GREASE PICKUPS DURING THE 6 MONTH PERIOD
 - Q. COMMENTS
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Addendum



Fill out the ADDENDUM sheet in your Registry Report and include the following information:

- 1 TOTAL GALLONS OF YELLOW GREASE COLLECTED FROM ALL CUSTOMERS.
 - 2 TOTAL GALLONS OF BROWN GREASE COLLECTED FROM ALL CUSTOMERS.
 - 3 PROVIDE THE QUANTITY AND DESTINATIONS(names, complete addresses and phone numbers) FOR ALL COLLECTED BROWN AND YELLOW GREASE THAT WAS TRANSFERRED DURING THE 6 MONTH PERIOD
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- A – Carters BIC License Number
 - This is the License number provided to you by the BIC.
 - If your BIC number is 9999 then each customer must have 9999 in this field.
 - No other numbers should be in this field
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- B – Name of Customer Business
 - Name of the Customer Business you are servicing
 - If customer is part of a brokerage agreement, put the Customer Name NOT the Broker's name.
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- **C – Customer Account Number**
 - This must be the account number you use to identify your customers.
 - If you do not have one for your customer, note NA or NONE.
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- D – Customer CAMIS Number
 - All commercial restaurants must have this number.
 - Can be found on Sample Health Department Permit.
 - If you do not have one for your customer, note NA or NONE.
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Dept. of Health Permit Sample

THE CITY OF NEW YORK DOCUMENT NO. **822930**
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THIS PERMIT OR CERTIFICATE OF QUALIFICATION IS ISSUED TO THE PERMITTEE AND PREMISES OR THE CERTIFICATE HOLDER DESIGNATED HEREON. IT IS GRANTED UNDER CONDITIONS OF COMPLIANCE WITH PROVISIONS OF THE HEALTH CODE AND REGULATIONS THEREUNDER.

PERMIT OR CERTIFICATE OF QUALIFICATION

NOT TRANSFERABLE
PERMIT NO: H25 0946233 FS F
ISSUE DATE: 08/14/2010

CAMIS ID : 40543421 <-- CAMIS ID LOCATION
EXPIRATION DATE: 08/31/2010

PUBLIC SCH CAFETERIA
FEE EXEMPT

"IF THE PERMITTEE / LICENSEE, OR HIS EMPLOYEES OR AGENTS, REFUSE TO ANSWER QUESTIONS IN RELATION TO THIS PERMIT / LICENSE AFTER BEING GRANTED TESTIMONIAL OR USE IMMUNITY, THIS PERMIT / LICENSE MAY BE REVOKED, OR OTHER APPROPRIATE ACTION TAKEN."

NEW YORK CITY DEPARTMENT OF EDUCATION
Q171 - P.S. 171 QUEENS
C/O: OFFICE OF SCHOOL FOOD & NUTRITION SVCS
44-36 VERNON BOULEVARD
QUEENS NY 11101

PREMISE: 14-14 107TH AVENUE 1ST
QUEENS NY 11107

POST CONSPICUOUSLY
THIS PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT DOES NOT RELIEVE THE OPERATOR FROM COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE NEW YORK CITY BUILDING CODE, ZONING RULES AND REGULATIONS, AND OTHER APPLICABLE LAWS AND REGULATIONS. PURSUANT TO NEW YORK CITY CHARTER SECTION 645, THE ABOVE PREMISES MAY NOT BE USED OR OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED BY THE NEW YORK COMMISSIONER OF BUILDINGS.

Thomas Farley
COMMISSIONER OF HEALTH AND MENTAL HYGIENE

- E – Customer Authorized Representative
 - This must name (First and Last if possible) the contact person at each business you service.
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- F – Service Address – Number
 - This must note the number for the building you service.
 - **EXAMPLE:** 100 Church Street
 - The E field in the register must **ONLY** contain 100.
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- G – Service Address - Street
 - This must note the Street you service.
 - EXAMPLE: 100 Church Street
 - The F field in the register must ONLY contain Church Street.
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- H – Service Address – City
 - Field must note city of pickup (ie: Corona, Brooklyn, Flushing, etc.)
 - If possible, please use full name and not abbreviations.
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- I – Service Address – New York
 - Must note “NY” as these should only be customers picked up within the 5 boroughs.
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- J – Service Address - Zip
 - This must note the Zip code of the address you pick up at.
 - Please only use 5 digit zip codes, do not use 5 digit +4. (ie: 10007 not 100072345)
 - EXAMPLE: 100 Church Street, New York, NY 10007
 - The I field in the register must ONLY contain 10007.
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- K – Service Address – Telephone Number
 - Must only contain area code and telephone number.
 - Ie: 212-676-6219 must be in hyphenated format.
 - If there is an extension write as main telephone number, note extension in the comments field.
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• L – Type of Business

Use these codes to indicate a customer's type of business

| <u>Code</u> | <u>Business Type</u> |
|-------------|---|
| B1 | Retail - Non-food/Service Business (service businesses include nail salon, hairdresser, dry cleaner, etc.) |
| B2 | Retail - Food (deli, salad bar, fruit & vegetable store, butcher, pizza, bakery, take-out food primary business) |
| B3 | Wholesale - Non-food |
| B4 | Wholesale - Food (wholesale produce market, wholesale meat market) |
| B5 | Restaurant (include bars) |
| B6 | Hotel - Small (up to 15 floors) |
| B7 | Hotel - Big (16 or more floors) |
| B8 | Medical Office/Dental Office/Optical Office, Pharmacy (for <u>infectious medical waste</u> ; not for hospital, which is B15) |
| B9 | Automobile Repair (gas station, auto glass, body shop) |
| B10 | Office Building - Small (up to 10 floors) |
| B11 | Office Building - Medium (11 to 20 floors) |
| B12 | Office Building - Large (21 or more floors) |
| B13 | Light Manufacturing (laboratory, metal workshop, commercial bakery, printer) |
| B14 | Heavy Manufacturing (auto salvage yard, factory, brewery) |
| B15 | Institution (college, university, hospital, nursing home, church, synagogue, etc.) |
| B16 | Professional Office (such as lawyer, accountant, medical-related office but not infectious medical waste) |

- M – Yellow Grease Gallonage
 - Total quantity of yellow grease (vegetable/frying grease) collected from customer for the six month period.
 - Should be numerical only.
 - Example: If you picked up 1,200 gallons, then put 1200 in the field.
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- N – Number of Yellow Grease Pickups
 - Total quantity of yellow grease pickups from a customer in the six month period.
 - Should be numerical only.
 - Example: If you serviced a customer 12 times in the six month period, then put 12 in the field.
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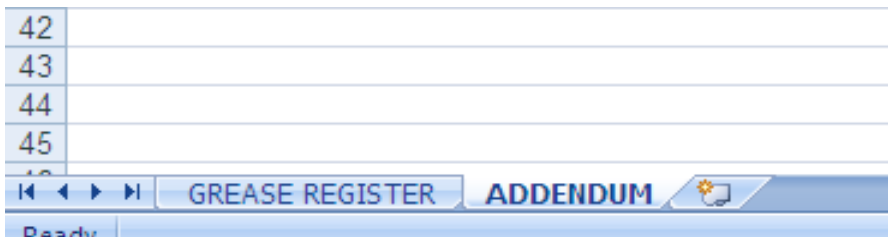
- **O – Brown Grease Gallonage**
 - Total quantity of brown grease (grease trap/sink grease) collected from customer for the six month period.
 - Should be numerical only.
 - Example: If you picked up 1,200 gallons, then put 1200 in the field.
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- P – Number of Brown Grease Pickups
 - Total quantity of brown grease pickups from a customer in the six month period.
 - Should be numerical only.
 - Example: If you serviced a customer 7 times in the six month period, then put 7 in the field.
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- Q – Comments
 - Field to note any additional criteria that does not go in the fields.
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Grease Addendum

- The grease addendum is an additional tab in the Microsoft Excel spreadsheet, you can find it on the bottom of the Excel sheet:



- Total grease collected for 6 month period
 - Total Yellow Grease: Should note the total yellow grease gallonage collected over the 6 month period.
 - Total Brown Grease: Should note the total brown grease gallonage collected over the 6 month period.
 - Should equal amounts stated
In regular register tab
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- Transfer Station (TS) Information
 - TS Name – Name of Transfer Station
 - TS Street Number – Street number of TS.
 - TS Street – Street of TS.
 - TS State – State of TS
 - TS Zip – Zipcode of TS (should be 5 digits)
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- Transfer Station (TS) Information
 - TS Phone Number – Phone number of TS
 - Total Amount of Brown Grease Supplied to TS – Total amount of brown grease transported to that particular TS
 - Total Amount of Yellow Grease Supplied to TS – Total amount of yellow grease transported to that particular TS
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Demo

Thank You!



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Questions?
