# AusTreat – Methyl bromide and sulfuryl fluoride treatment form

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| **Section A: General information** | | |
| **Purpose of this form:** | Is to apply to become an approved treatment provider under AusTreat for  methyl bromide (MB) and/or sulfuryl fluoride (SF).  If your company’s application is successful, your company will be listed as an ‘approved’ treatment provider on the [List of treatment providers.](https://www.agriculture.gov.au/biosecurity-trade/import/before/prepare/treatment-outside-australia/offshore-treatment-providers) | |
| **Before applying, please read the following:** | * [AusTreat scheme document](https://www.agriculture.gov.au/biosecurity-trade/import/before/prepare/treatment-outside-australia/AusTreat) * [Treatment methodology](https://www.agriculture.gov.au/biosecurity-trade/import/arrival/treatments/treatments-fumigants) applicable to the treatment type(s) your company is applying to conduct. | |
| **To complete this form:** | You must provide evidence and photos for every item listed in **Table 1** and **Table** **2** applicable to your treatment type(s). Scanned copies of the documentation are acceptable.  Indicate you have provided evidence for each item by ticking either ‘yes’ or ‘N/A’ (not applicable) in the tables below.  Clearly label each document and photo in English. If you have multiple pieces of the same type of equipment, provide evidence identifying each piece of equipment. For example, if you have three concentration monitoring devices you must provide photos showing serial numbers and calibration certificates for each concentration monitoring device. | |
| **Your application must include:** | A completed and signed copy of this registration form.  A completed and signed copy of the treatment form(s) your company is applying for.  All supporting evidence detailed in the treatment form(s) which demonstrates your company has the necessary equipment, trained technicians, and treatment procedures to conduct safe and effective treatments.  **Note:** All forms must be completed in English and any documentation must be provided in English or accompanied with an English-translated version of the document. | |
| **Submit your application via email to:** | [Offshoretreatments@aff.gov.au](mailto:Offshoretreatments@aff.gov.au)  The maximum file size per email is 15 MB. You can submit multiple emails if necessary. | |
| **Section B: Company Details** | | |
| **Company (legal entity name):** Click or tap here to enter text. | | **AEI (if applicable):** Click or tap here to enter text. |
| **Section C: Methyl Bromide and Sulfuryl Fluoride Fumigation** | | |
| **Methyl Bromide and Sulfuryl Fluoride fumigation volume** | | |
| **Forecast the number of MB and/or SF treatments your company expects to conduct per month under AusTreat:**  **MB:** Click or tap here to enter text. **or  N/A SF:** Click or tap here to enter text.or  N/A | | |
| **Equipment guidance** | | |
| **Concentration monitoring and leak detection equipment:** | **Not all concentration monitoring and leak detection devices can detect both MB and SF. Indicate against the equipment items which fumigant each device will be used to detect.**  **Images of the front of the device and serial number must be provided.**  **Calibration certification or proof of purchase less than 1 year old must also be provided for each set of electronic scales.** | |
| **Fumigant dose measurement equipment:** | **Scales** (electronic or mechanical) or weight/volume **dispensers** are used for the dose measurement of fumigant. Ensure dose measuring equipment is detailed accurately and where electronic scales are used, calibration certification or proof of purchase less than 1 year old must also be provided for each set of electronic scales. **(electronic or mechanical) or weight/volume dispensers are used for the dose measurement of fumigant. Ensure dose measuring equipment is detailed accurately and where electronic scales are used, calibration certification or proof of purchase less than 1 year old must also be provided for each set of electronic scales.** | |
| **Temperature sensors and data loggers:** | **If your company will not be conducting fumigations when forecast minimum temperatures will be less than 10°C, you should select N/A in the ‘Temperature sensors’ and ‘Temperature data loggers’ rows.** | |
| **Threshold Limit Value (TLV) measurement equipment:** | **TLV must be verified as being below 5 parts per million (PPM) for MB and 3 PPM for SF before fumigated consignments can be released from the fumigators control.**  **Where stain tubes are used to measure MB TLV complete the top row of the ‘TLV measuring equipment’ section of Table 1, provide the receipt for the most recent purchase of stain tubes including the supplier details, and an image of your current supply of stain tubes.**  **Where electronic equipment is used to measure TLV that is only used for TLV measurement, list the brand/model, serial number and fumigant detected in the ‘TLV measuring equipment – electronic’ section of Table 1 and indicate the separate image(s) and calibration certification is provided as required.**  **Where electronic equipment is used to measure TLV that is also used for leak detection, list the brand/model, serial number and fumigant detected in the ‘TLV measuring equipment – electronic section of Table 1 and indicate ‘as per above’ for the ‘Images/Calibration certification’ requirement.** | |

**Table 1 – Gas monitoring and detection equipment**

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| --- | --- | --- | --- | --- | --- | --- |
| **Brand and model** | **Serial number(s)** | **Detects** | **Function** | **Images of device and serial number attached:** | **Calibration certificate attached:** | **Device manual attached or link provided:** |
| Click or tap here to enter text. | Click or tap here to enter text. | **MB**  **SF** | **Monitor**  **Leak detection**  **TLV check** | **Yes** | **Yes** | **Yes** |
| Click or tap here to enter text. | Click or tap here to enter text. | **MB**  **SF** | **Monitor**  **Leak detection**  **TLV check** | **Yes** | **Yes** | **Yes** |
| Click or tap here to enter text. | Click or tap here to enter text. | **MB**  **SF** | **Monitor**  **Leak detection**  **TLV check** | **Yes** | **Yes** | **Yes** |
| Click or tap here to enter text. | Click or tap here to enter text. | **MB**  **SF** | **Monitor**  **Leak detection**  **TLV check** | **Yes** | **Yes** | **Yes** |
| Click or tap here to enter text. | Click or tap here to enter text. | **MB**  **SF** | **Monitor**  **Leak detection**  **TLV check** | **Yes** | **Yes** | **Yes** |
| Click or tap here to enter text. | Click or tap here to enter text. | **MB**  **SF** | **Monitor**  **Leak detection**  **TLV check** | **Yes** | **Yes** | **Yes** |

**Table 2 – Registration requirements**

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| **Requirements** | | **Completed or attached** |
| **Technicians** | **Complete Table 4 ‘AusTreat Technician Details’, of this application form with details of MB and/or SF fumigation technicians employed by the company** | **Yes** |
| **Fumigant** | **Provide the receipt for your latest purchase of fumigant including the supplier’s details – MB or SF or both if applying for registration to conduct both MB and SF fumigations.** | **Yes** |
| **Practices** | **Which method(s) will your company use to conduct fumigations under AusTreat?**  **Container  Under sheet  Chamber** |  |
|  | **Provide images showing your fumigation practices.**  **For container fumigation, at least two (2) images must be provided, showing:**   * **The internal set-up of the treatment with the locations of the supply pipe, fans, and monitoring tubes visible** * **The external set-up of the treatment with all equipment (e.g. scales, monitoring tubes, fumigant with supply system attached) visible** | **Yes** |
|  | **For under sheet fumigation (sheeted container/stack), at least two (2) images must be provided, showing:**   * **The internal set-up of the treatment with the locations of the supply pipe, fans, and monitoring tubes visible** * **The external set-up of the treatment with all equipment visible e.g. scales, monitoring tubes, fumigant with supply pipe attached vaporiser (for MB only), sheets and sand snakes** | **Yes** |
|  | **For chamber fumigations, at least three (3) images or document(s) must be provided, showing:**   * **The internal set-up of the treatment with the locations of the supply pipe(s) fans, and monitoring tubes visible** * **The external set-up of the treatment with all equipment (e.g. scales, monitoring tubes, fumigant, and supply system) visible** * **Separate images are required for each chamber that will be used for fumigations** * **Site map outlining the location and number of each chamber** | **Yes** |
| **Equipment** | **Complete Table 2 ‘Registration requirements’ and Table 3 ‘General fumigation equipment’, listing the major fumigation equipment and quantity used by the company under AusTreat.** | **Yes** |

**Table 3 – General fumigation equipment**

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| **Fumigation equipment** | | **Quantity of equipment** | | **Images of equipment attached** | | **Calibration certification attached\*** | |
| **Fumigation chamber(s):** | | Click or tap here to enter text.  **or  N/A** | | **Yes** | | **\*Pressure test for chambers** | |
| **Vaporiser(s) (MB only):** | | Click or tap here to enter text.  **or  N/A** | | **Yes** | | **N/A** | |
| **Fumigant dose measuring equipment: (see note above)**  **Electronic scales:** | | Click or tap here to enter text.  **or  N/A** | | **Yes**  **N/A** | | **Yes**  **N/A** | |
| **Mechanical scales:** | | Click or tap here to enter text.  **or  N/A** | | **Yes**  **N/A** | | **Yes**  **N/A** | |
| **Dispensers (e.g., sight glass):** | | Click or tap here to enter text.  **or  N/A** | | **Yes**  **N/A** | | **Yes**  **N/A** | |
| **Fumigation sheets/tarps** | | Click or tap here to enter text.  **or  N/A** | | **Yes**  **N/A** | | **N/A** | |
| **Heaters (excluding fixed chamber set-ups)** | | Click or tap here to enter text.  **or  N/A** | | **Yes**  **N/A** | | **N/A** | |
| **Temperature data loggers** | | Click or tap here to enter text.  **or  N/A** | | **Yes**  **N/A** | | **Yes**  **N/A** | |
| **Temperature sensors** | | Click or tap here to enter text.  **or  N/A** | | **Yes**  **N/A** | | **Yes**  **N/A** | |
| **Section D: Technician Details** | | | | | | | |
| **Provide details of each technician licensed to conduct treatments.**  **Table 4 – Technician details** | | | | | | | |
| **Technician Name** | **Sulfuryl Fluoride** | | **Methyl Bromide** | **Fumigation license attached** | **SF Stewardship Training Certificate attached** | | **Issued or Expiration date of license / stewardship** |
| Click or tap here to enter text. | **Licensed**  **Stewardship training** | | **Licensed** | **Yes** | **Yes**  **N/A** | | **Issued  Expiration date**  Click or tap here to enter text. |
| Click or tap here to enter text. | **Licensed**  **Stewardship training** | | **Licensed** | **Yes** | **Yes**  **N/A** | | **Issued**  **Expiration date**  Click or tap here to enter text. |
| Click or tap here to enter text. | **Licensed**  **Stewardship training** | | **Licensed** | **Yes** | **Yes**  **N/A** | | **Issued**  **Expiration date**  Click or tap here to enter text. |
| Click or tap here to enter text. | **Licensed**  **Stewardship training** | | **Licensed** | **Yes** | **Yes**  **N/A** | | **Issued**  **Expiration date**  Click or tap here to enter text. |

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| **Section E: Privacy Notice** |

**Australian Department of Agriculture, Fisheries and Forestry Privacy Notice**

Personal information is described under the *Privacy Act 1988* meaning personal information or an opinion about an identified individual, or an individual who is reasonably identifiable: whether the information or opinion is true or not; and whether the information or opinion is recorded in a material form or not.

Protected information is described under the *Biosecurity Act 2015* (Act) meaning personal information, or information that is commercial-in-confidence that is obtained under or in accordance with the Act; or is derived from a record of personal information or information that is commercial-in-confidence that was made under or in accordance with the Act; or is derived from a disclosure or use of personal information, or information that is commercial-in-confidence, that was made under or in accordance with the Act.

The department may disclose personal or protected information to overseas regulatory agencies (if applicable) including but not limited to Regional Plant Protection Organisations and National Plant Protection Organisations as referred to in the International Plant Protection Convention and other persons or organisations where necessary for the purposes of administrating AusTreat.

By agreeing to be registered under AusTreat you consent to the disclosure of any personal or protected information, collected as part of AusTreat, to overseas regulatory agencies. The department has not taken steps to ensure that overseas regulatory agencies do not breach relevant legislative requirements or the Australian Privacy Principles. This means that:

* 1. the overseas regulatory agencies may not be accountable under the *Privacy Act 1988* or the *Biosecurity Act 2015*
  2. you may not be able to seek redress under the *Privacy Act 1988* or the *Biosecurity Act 2015*
  3. you may not be able to seek redress in the overseas jurisdiction
  4. the overseas regulatory agencies may not be subject to any privacy obligations or to any principles similar to the Australian Privacy Principles.

See the department’s Privacy Policy to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the Australian Department of Agriculture, Fisheries and Forestry on +61 6272 3933 or email the department at [privacy@aff.gov.au](mailto:privacy@aff.gov.au).

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| **Section F: Applicant declaration** | | |
| **I declare that:**   * **The information I have provided is true and correct.** * The company details listed in Section B of the registration application form agrees to meet the requirements of AusTreat * **I will notify** [Offshoretreatments@aff.gov.au](mailto:Offshoretreatments@aff.gov.au) **if any of the information contained in this application changes.** * **I have read and understood the Privacy Notice and Privacy Policy.** | | |
| **Full name:**  Click or tap here to enter text. | **Signature (type or sign your name):**  Click or tap here to enter text. | **Date (dd/mm/yyyy):**  Click or tap here to enter text. |