

AusTreat

Pre-border Treatment Provider Scheme



Steve Peios - June 2024

Compliance and Enforcement Division | Compliance Partnerships

What is AusTreat?

- A new pre-border treatment scheme that will replace the Offshore BMSB Treatment Providers scheme
- Used to regulate pre-border biosecurity treatment providers



BMSB Scheme to AusTreat

Note: treatment providers registered under AusTreat will be listed on The List of Treatment Providers.

| Note: treatment providers registered under Adstreat will be listed on the List of treatment roviders. | | | | | | |
|--|--|--|--|--|--|--|
| AusTreat - NEW | BMSB - OLD | | | | | |
| Treatment specific Heat, methyl bromide and sulfuryl fluoride Expansion to other treatments Three year registration period Administered by DAFF. | Pest and pathway specific to Brown Marmorated Stink Bug (BMSB) One year (seasonal) registration period Jointly administered by DAFF and New Zealand MPI. | | | | | |

Why AusTreat?

Responding to an increasingly uncertain biosecurity environment, defined by:

- Increasing spread of hitchhiker pests globally
- Increasing import trade volumes into Australia
- Increasing Supply chain complexity
- Mega trends, e.g. Climate Change, urbanisation.

Benefits of AusTreat

Greater assurance for the department

- Flexibility to respond to new threats
- Increased assurance of treatments
- Reduced intervention at the border.

Simplified requirements for treatment providers

- One set of requirements
- A three-year registration
- Registration is treatment specific not pest specific.

When is this happening?

- Launching before 2024-2025 BMSB risk season
- Registrations officially open 1 July 2024
- From 1 September 2024, high-risk goods from BMSB countries will be required to be treated by a treatment provider registered under AusTreat.

Key changes to registration

1. Application forms separated into:

- Registration
- Methyl bromide/sulfuryl fluoride treatment
- Heat treatment.
- 2. Full registration every three-years
- 3. Regular documentation to be provided:
 - Calibration certificates
 - Stewardship certificates/relevant licenses for SF and MB
 - Changes/updates to equipment/personnel.



Registration requirements

Treatment providers will need to provide a completed and signed registration and treatment application.

| AusTreat Registration Application Form | | | | | | |
|--|---|---|---------|--|--|--|
| Section B: Company | details | | | | | |
| Company name: | | | | | | |
| Click or tap here to enter text. | | | | | | |
| AEI (if applicable): | | Does your company have multiple branches under the one AEI: | | | | |
| Click or tap here to enter text. | | ☐ Yes ☐ No | | | | |
| Company email address: | | | | ere applicable): | | |
| Click or tap here to enter text. | Click or tap here to e | lick or tap here to enter text. Click | | nere to enter text. | | |
| Provide detailed information on any business, commercial, or other similar links or relationships your company has with any other entity involved in quarantine or pre-export biosecurity treatments. This includes, but is not limited to, entities registered under AusTreat. Specifically, include: 1. The name and nature of the relationship with each entity. 2. The specific services or treatments provided in collaboration with or by these entities. 3. Any shared resources, staff, ownership structures or facilities. 4. Any financial interests, joint ventures, or partnerships | | | | | | |
| Click or tap here to enter text. Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | |
| Section C: Company | address | | | | | |
| Physical Street Address (PO Box wi | II not be accepted): | | | | | |
| Click or tap here to enter text. | | | | | | |
| | nte/Region: ck or tap here to enter ct. | Country: Click or tap here to enter text. | | Postcode: Click or tap here to enter text. | | |
| Section D: Person au | thorised to sign | this form | | • | | |
| Given name: | Family name: | | Positio | Position: | | |
| Click or tap here to enter text. | Click or tap here | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Work Phone number: | Work mobile nun | nber: | Email a | Email address: | | |
| | | to enter text. | Click o | Click or tap here to enter text. | | |
| Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. | | | | | | |

| Brand and model | Serial number(s) | Detect s | 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 | ☐ Monitor ☐ Leak detection ☐ TLV check | □ Yes | □ Yes | ☐ Yes |
| Click or tap here to enter text. | Click or tap here to enter text. | ☐ MB | ☐ Monitor ☐ Leak detection ☐ TLV check | Yes | Yes | ☐ Yes |
| Click or tap here to enter text. | Click or tap here to enter text. | ☐ MB | ☐ Monitor ☐ Leak detection ☐ TLV check | Yes | Yes | Yes |
| Click or tap here to enter text. | Click or tap here to enter text. | ☐ MB | ☐ Monitor ☐ Leak detection ☐ TLV check | ☐ Yes | Yes | Yes |
| Click or tap here to enter text. | Click or tap here to enter text. | ☐ MB | ☐ Monitor ☐ Leak detection ☐ TLV check | Yes | Yes | Yes |
| Click or tap here to enter text. | Click or tap here to enter text. | ☐ MB | ☐ Monitor ☐ Leak detection ☐ TLV check | Yes | Yes | ☐ Yes |

| Section C: Heat treatment | | | | | | | | |
|--|--|--|--|---|---|--|--|--|
| Heat | | | | | | | | |
| Forecast the number of heat treatments your company expect to conduct per month under AusTreat. Click or tap here to enter text. | | | | | | | | |
| Table 1 – Equipn | nent | | | | | | | |
| Heat treatment equipment | Brand and model | Serial number(s) | Quantity of equipment | Images of all equipment attached | Calibration certificate attached: | Equipment Manual attached or link provided: | | |
| Fixed chamber set-up(s) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. or \(\square\) N/A | □ Yes | ☐ Yes | □ Yes | | |
| Heaters (excluding fixed chamber set- ups) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. or □ N/A | □ Yes | □ Yes | Yes | | |
| False doors for containers | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. or □ N/A | ☐ Yes | ☐ Yes | ☐ Yes | | |
| Heat induction tubing | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. or \Boxed N/A | ☐ Yes | ☐ Yes | □ Yes | | |
| Sheets for under sheet treatments | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. or □ N/A | □ Yes | □Yes | □ Yes | | |
| Data loggers | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. or N/A | □ Yes | □ Yes | □ Yes | | |
| Temperature sensors | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. or N/A | □ Yes | □ Yes | ☐ Yes | | |

Methyl Bromide and Sulfuryl Fluoride

Documents required for registration

Equipment details:

- Type of equipment
- Brand and model
- Serial number for each piece of equipment
- Quantity of devices/equipment
- Calibration certificate
- Device manual (link to web-based version sufficient)
- Images of the actual equipment.

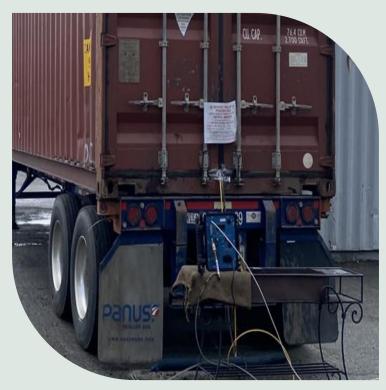
Technician's details:

- Technician name
- Licence details
- Stewardship certificate for sulfuryl fluoride.

Methyl Bromide and Sulfuryl Fluoride

Images required for registration

For **container fumigation**, at least two (2) images must be provided, showing internal and external set-up of treatment with all equipment and supply lines







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Methyl Bromide and Sulfuryl Fluoride

Images required for registration

For **under sheet fumigation**, at least two (2) images must be provided, showing internal and external set-up of treatment with all equipment and supply lines





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Documents required for registration

Equipment details:

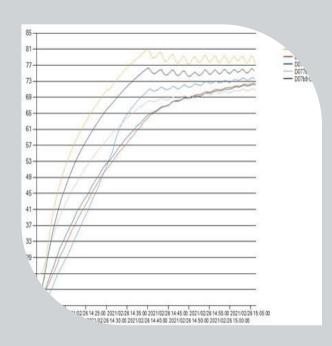
- Fixed chamber set-up(s)
- Heaters (excluding fixed chamber set-ups)
- False doors for containers
- Heat induction tubing
- Sheets for under sheet treatments
- Data logger(s)
- Temperature sensors
- Temperature sensors manual and heater manual (link to web-based version sufficient).

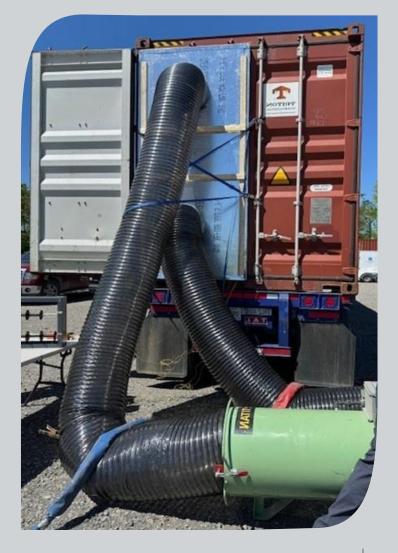
Technician details:

 Name of technicians employed by the company.

Images required for registration

For container heat treatment, at least three (3) images must be provided, showing internal and external setup of treatment with all equipment and heat source, as well as data recorded by temperature data loggers





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Images required for registration

For under sheet heat treatment, at least three (3) images must be provided, showing internal and external setup of treatment with all equipment and heat source, as well as data recorded by temperature data loggers

| Time | ms | 1)TH_CH1 | MB_CH1 | MB_CH2 | Dos | |
|---------------------|-----|----------|--------|--------|------|---|
| 2019/04/13 08:09:47 | 640 | 0 | 29.2 | 26.2 | 25.8 | |
| 2019/04/13 08:09:57 | 640 | 0 | 29.2 | 26.3 | 26 | |
| 2019/04/13 08:10:07 | 640 | 0 | 29.2 | 26.4 | 26.1 | |
| 2019/04/13 08:10:17 | 640 | 0 | 29.2 | 26.5 | 26.1 | 2 |
| 2019/04/13 08:10:27 | 640 | 0 | 29.2 | 26.6 | 26.1 | 2 |
| 2019/04/13 08:10:37 | 640 | 0 | 29.2 | 26.7 | 26.2 | 2 |
| 2019/04/13 08:10:47 | 640 | 0 | 29.2 | 26.9 | 26.3 | 2 |
| 2019/04/13 08:10:57 | 640 | 0 | 29.2 | 27 | 26.3 | |
| 2019/04/13 08:11:07 | 640 | 0 | 29.2 | 27 | 26.3 | 2 |
| 2019/04/13 08:11:17 | 640 | 0 | 29.2 | 27 | 26.4 | 2 |
| 2019/04/13 08:11:27 | 640 | 0 | 29.3 | 27.1 | 26.5 | 2 |
| 2019/04/13 08:11:37 | 640 | 0 | 29.3 | 27.3 | 26.6 | 2 |
| 019/04/13 08:11:47 | 640 | 0 | 29.3 | 27.4 | 26.9 | 2 |
| '04/13 08:11:57 | 640 | 0 | 29.3 | 27.5 | 27 | 2 |
| *9:12:07 | 640 | 0 | 29.3 | 27.5 | 27.1 | 2 |



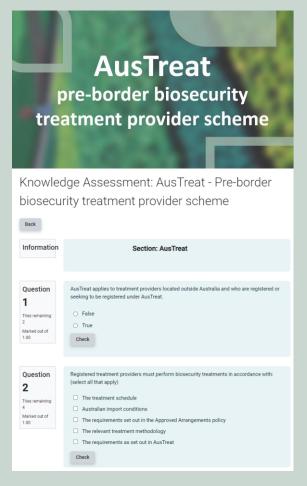
Images required for registration

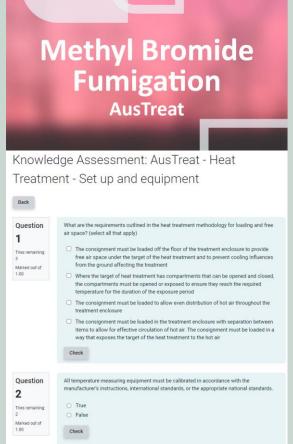
For chamber heat treatment, enough images must be provided to show the internal set up, external view, external heat source, temperature data recording equipment, data recorded, separate images of all chambers, site maps, chamber reports and temperature mapping





Knowledge Assessments









Registration process



Treatment Provider submits registration and treatment applications to the department



Department completes an assessment of applications



Treatment provider completes knowledge assessments and returns the agreement to participate form



Department confirms knowledge assessment completed and reviews the agreement to participate form



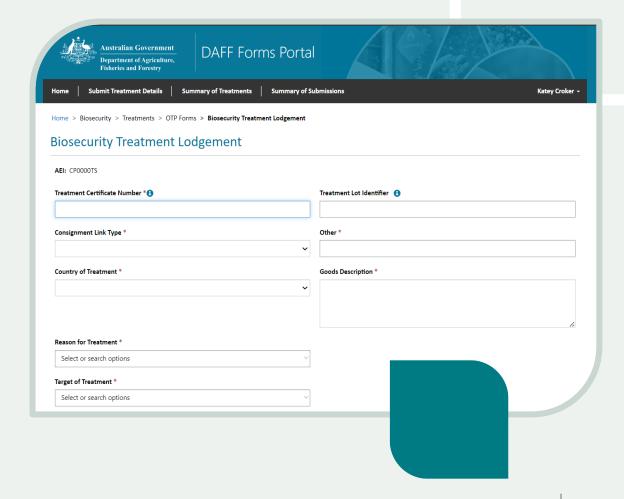
Department publishes Treatment Provider as 'approved' on List of Treatment Providers

Ongoing requirements

- Comply with methodology and import conditions
- Upload all treatment documentation to Treatment Certificate Portal within timeframe
- Cooperate with all compliance verification activities

Treatment Certificate Portal

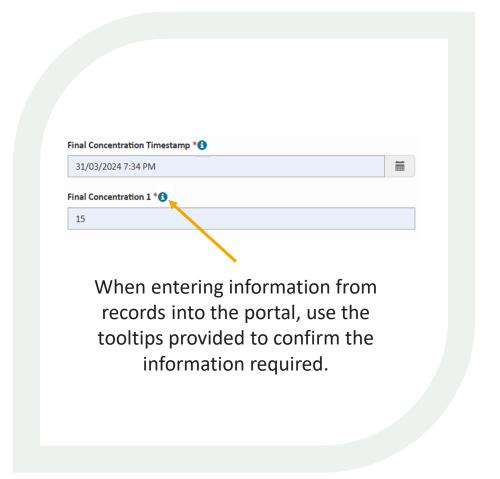
- All documents lodged via treatment certificate portal
- Documents must be lodged within 14 days of treatment, or before the consignment arrives in Australia, whichever is sooner.



Lodging treatment records

Key Information

- Information in the portal should be carefully entered and should match what is recorded in the field on treatment records.
- Treatment records must still be completed in the field during treatment as treatment activities are completed.
- Ensure that the correct information is being recorded in accordance with the department's treatment methodologies.
- Accurate dates and times, temperatures, monitoring readings and the site address of treatments help provide assurance of effective treatments.



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Compliance Policy

The department continues to take noncompliance extremely seriously.

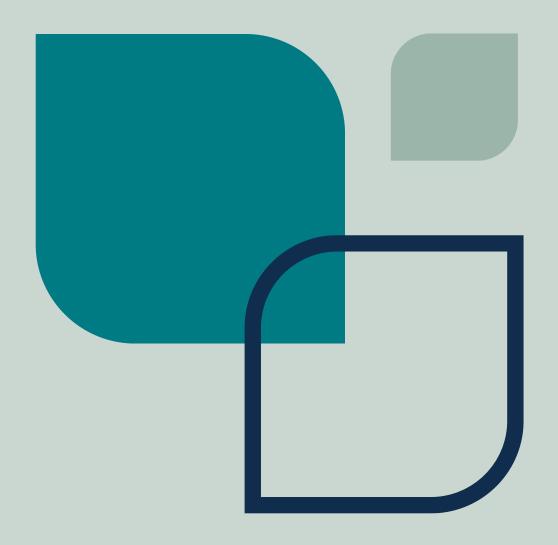
Non-compliance risks:

- 1. Treatment methodology/application
- 2. Consignment suitability
- 3. Deliberate non-compliance and fraud.



Where you can get help:

offshoretreatments@aff.gov.au



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Questions

Please type your questions in the chat.