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| Record of fumigation – Methyl bromide fumigation (non-perishable commodity) |
| ****Section A: Fumigator in charge**** |
| Full Name  | Accreditation number (if applicable) |
| ****Section B: Job details**** |
| Treatment provider ID  |  | Client name/details |
| Job identification number  |  |  |
| Location of fumigation  | Description of consignment |
| Street address |  |
| Suburb/town/city | Target of fumigation  |
| Country | Postcode |
| Consignment identification/Container numbers  |
| ****Section C: Fumigation details**** |
| ****Specified treatment schedule****  | ****Enclosure type (select one)**** |
| Dose rate (g/m3)  | Exposure period (hrs) | [ ]  Sheeted enclosure [ ]  Fumigation chamber [ ]  Un-sheeted container(s) [ ]  Other  |
| Consignment suitability (Section 3 of the methodology) | Enclosure volume |
| Was the consignment suitable for fumigation?[ ]  Yes – consignment suitable [ ]  No – remedial action taken | Length | Height | Width | (m) |
| Total volume  | (m3) |
| If no, what action? | Dose  |
| **Fumigation type (select one)** | Dose rate used  | (g/m3) |
| [ ]  Ambient temperature: Forecast min temp  | ˚C/˚F | Calculated dose | (g) |
| [ ]  Controlled temperature: Min enclosure temp  | ˚C/˚F | Chloropicrin [ ]  Yes [ ]  No | If yes: | % |
| Heaters used? [ ]  Yes [ ]  No | Amount CH3Br applied | (g) |

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| **Section D: Concentration readings Monitoring readings by locations -** Each reading must be initialled by the fumigator(s) who took the reading |
| Serial number of monitoring device(s) |
|  | **1** | **2** | **3** | **4** | **5** | **Equilibrium result (%)** | **Standard (g/m3)** | **Date****(dd/mm)** | **Time (hh:mm)** | **Fumigator/s initials** |
| **Time and date: Fumigant injection finished**  |  | am/pm |  |
| Start |  |  |  |  |  | % |  |  | am/pm |  |
|  |  |  |  |  | % |  |  | am/pm |  |
| During |  |  |  |  |  |  |  |  | am/pm |  |
|  |  |  |  |  |  |  |  | am/pm |  |
| End |  |  |  |  |  |  |  |  | am/pm |  |
|  |  |  |  |  |  |  |  | am/pm |  |
| **Time and date: Enclosure ventilation start**  |  | am/pm |  |
| **Final TLV readings (all)** | **ppm** | ppm | ppm |  | am/pm |  |
| Top-up details |
| Amount (g/m3) | Time (hh:mm) | Concentration (g/m3) |
| ****Section E: Fumigator declaration -**** To be completed by the fumigator in charge named in Section A of this record |
| I, the fumigator-in-charge declare that the fumigation was conducted in accordance with the treatment schedule and all the requirements in the Methyl Bromide Fumigation Methodology, and the information I have provided is true and correct. |
| Signature | Date (dd/mm/yyyy) | Fumigation result (Pass/Fail) |
| Government officer if supervised | Name | Signature |