Date issued (dd/mm/yyyy)

# Treatment certificate – Methyl bromide fumigation

|  |  |
| --- | --- |
| **Certificate number** | **Treatment provider ID number**(Registration/AEI/AA/ERE) |

## Consignment details

|  |  |
| --- | --- |
| Consignment link (container numbers if applicable) |  |
| Seal numbers(s) (if applicable) |  |
| Client name |  |
| Client Address |  |
| Commodity description |  |
| Commodity country of origin |  | Commodity quantity |  |
| Port of loading |  | Destination country |  |

|  |  |
| --- | --- |
| Target of fumigation (pick all that apply) | Enclosure type (pick one) |
| [ ]  Commodity  | [ ]  Container | [ ]  Packaging | [ ]  Sheeted enclosure | [ ]  Fumigation chamber | [ ]  Un-sheeted container |
| [ ]  Other (provide details)  | [ ]  Other (provide details)  |

## Treatment schedule (prescribed/specified treatment schedule)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dose rate | (g/m3) | Exposure period  | (hours) | Temperature  | (˚C) |

## Fumigation details (treatment applied)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applied dose | (g/m3) | Exposure period  | (hours) | Temperature  | (˚C) |

|  |  |
| --- | --- |
| Place of fumigation (Full address) | Street address |
| Suburb/town/city |
| Country  | Postcode |
| Date and time fumigation commenced (dd/mm/yyyy – HH:MM) | am/pm |
| Date and time fumigation completed (dd/mm/yyyy – HH:MM) | am/pm |
| Final TLV reading (ppm) | ppm |

## Declaration

|  |
| --- |
| I, the fumigator-in-charge declare: 1. The fumigation certified was conducted in accordance with the treatment schedule, import conditions, and all the requirements in the Methyl Bromide Fumigation Methodology, and
2. The information I have provided is true and correct.
 |
| Signature (sign your name) |  |
| Full name |  |
| Date (dd/mm/yyyy) |  | Accreditation number |  |

## Additional Declarations