Date issued (dd/mm/yyyy)

# Treatment certificate – BMSB Methyl bromide fumigation

|  |  |
| --- | --- |
| **Certificate number** | **Treatment provider ID number (AEI)** |

## Consignment details

|  |  |  |  |
| --- | --- | --- | --- |
| Consignment link (container numbers if applicable) |  | | |
| Seal numbers(s) |  | | |
| 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 ventilation commenced (dd/mm/yyyy – HH:MM) | | am/pm | |
| Date and time fumigation completed (dd/mm/yyyy – HH:MM) | | am/pm | |
| Lowest endpoint reading | g/m3 | Final TLV reading | 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

☐ The container seal, as listed on this certificate, was applied by the treatment provider within 120 hours of the treatment completion.