|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section D: Concentration 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** | | **Equilibrium result (%)** | | **Date**  **(dd/mm)** | **Time (hh:mm)** | **Fumigator/s initials** |
| **Time and date: Fumigant injection finished** | | | | | | | | | | |  | am/pm |  |
|  | **EF** | **CO₂** | **EF** | **CO₂** | **EF** | **CO₂** | **EF** | **CO₂** | **EF** | **CO₂** |  |  |  |
| **Start** |  |  |  |  |  |  |  |  | % | % |  | am/pm |  |
|  |  |  |  |  |  |  |  | % | % |  | am/pm |  |
| **End** |  |  |  |  |  |  |  |  |  | |  | am/pm |  |
|  |  |  |  |  |  |  |  |  | |  | am/pm |  |
| **Time and date: Enclosure ventilation start** | | | | | | | | | | |  | am/pm |  |
| **Final ethyl formate TLV readings** | | | | | | | **ppm** | | ppm | ppm |  | am/pm |  |
| **Final carbon dioxide TLV readings** | | | | | | | **ppm** | | ppm | ppm |  | am/pm |  |
| Top-up details | | | | | | | | | | | | | |
| Amount of ethyl formate (g) | | | | | | | Time (hh:mm) | | | | Concentration (g/m3) | | |
| Amount of carbon dioxide (g) | | | | | | | 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 treatment complies with all requirements of the Ethyl formate fumigation methodology, the treatment schedule and treatment specific import conditions, and that the information I have provided is true and correct. | | | | | | | | | | | | | |
| Signature | | | | | | | Date (dd/mm/yyyy) | | | | Fumigation result (Pass/Fail) | | |
| Government officer if supervised | | | | | | | Name | | | | Signature | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Record of fumigation – Ethyl formate fumigation | | | | | | | |
| ****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)**** | | | |
| Formula used | **Ethyl formate %** | | Exposure period (hrs) | Sheeted enclosure  Fumigation chamber  Un-sheeted container(s)  Large enclosure (≥1000m3) Other | | | |
| Carbon dioxide % | |
| Dose rate of ethyl formate (g/m3) | | |
| Dose rate of carbon dioxide (g/m3) | | | **Enclosure volume** | | | |
| **Consignment suitability** (Section 3 of the methodology) | | | | Length (m) | Height (m) | | Width (m) |
| Was the consignment suitable for fumigation? | | | | Total volume | | (m3) | |
| Yes – consignment suitable  No – remedial action taken | | | | **Dose and application method** | | | |
| If no, what action? | | | | **Pre-mix application**  Yes | | **Mix onsite application**  Yes | |
| **Fumigation type (select one)** | | | | Total calculated dose (g) | | Calculated dose of EF (g) | |
| Ambient temperature: Forecast min temp | | | ˚C | Applied dose of EF (g) | |
| Controlled temperature: Min enclosure temp | | | ˚C | Total amount applied (g) | | Calculated dose of CO₂ (g) | |
| Heaters used?  Yes  No | | | | Applied dose of CO₂ (g) | |