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| **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 |

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| 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) |