

[Insert your business logo or letterhead]
(including physical address as it appears on the treatment provider list)

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)		<input type="checkbox"/> Sheeted enclosure					<input type="checkbox"/> Fumigation chamber	
		Carbon dioxide %						<input type="checkbox"/> Un-sheeted container(s)					<input type="checkbox"/> Large enclosure (≥1000m³)	
Dose rate of ethyl formate (g/m³)								<input type="checkbox"/> Other _____						
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)					
<input type="checkbox"/> Yes – consignment suitable <input type="checkbox"/> No – remedial action taken						Dose and application method								
If no, what action?						Pre-mix application <input type="checkbox"/> Yes				Mix onsite application <input type="checkbox"/> Yes				
Fumigation type (select one)						Total calculated dose (g)				Calculated dose of EF (g)				
<input type="checkbox"/> Ambient temperature: Forecast min temp °C										Applied dose of EF (g)				
<input type="checkbox"/> Controlled temperature: Min enclosure temp °C						Total amount applied (g)				Calculated dose of CO₂ (g)				
Heaters used? <input type="checkbox"/> Yes <input type="checkbox"/> No										Applied dose of CO₂ (g)				
Section D: Concentration readings by locations - Each reading must be initialised 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				