Date issued (dd/mm/yyyy)

# Treatment certificate – Ethyl formate fumigation

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

## 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 (tick all that apply) | | | Enclosure type (tick one) | | |
| Commodity | Container | Packaging | Sheeted enclosure | Fumigation chamber | Un-sheeted container |
| Other (provide details): \_\_\_\_ | | | Large enclosure | Other (provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## Treatment schedule (prescribed/specified treatment schedule)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Formula used | Ethyl formate % | Dose rate of ethyl formate | (g/m3) | Exposure period | (hours) |
| Carbon dioxide % | Dose rate of carbon dioxide | (g/m3) | Temperature | (˚C) |

## Fumigation details

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |
| Date and time ventilation commenced (dd/mm/yyyy – HH:MM) | | am/pm | |
| Lowest endpoint reading of ethyl formate | g/m3 | Final TLV reading of ethyl formate | ppm |
| Lowest endpoint reading of carbon dioxide | g/m3 | Final TLV reading of carbon dioxide | ppm |

## Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| I, the fumigator-in-charge declare:   1. The treatment complies with all requirements of the Ethyl formate fumigation methodology, the treatment schedule and treatment specific import conditions, and 2. The information I have provided is true and correct. | | | |
| Signature (sign your name) |  | | |
| Full name |  | | |
| Date (dd/mm/yyyy) |  | Accreditation number (if applicable) |  |

## Additional declarations

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

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