

[Insert your business logo or letterhead]

(Including physical address as it appears on the treatment provider list)

Date issued (dd/mm/yyyy)

Treatment certificate – Ethyl formate fumigation

Certificate number	Treatment provider ID number (Registration/AEI/AA/ERS)
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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)		
<input type="checkbox"/> Commodity	<input type="checkbox"/> Container	<input type="checkbox"/> Packaging	<input type="checkbox"/> Sheeted enclosure	<input type="checkbox"/> Fumigation chamber	<input type="checkbox"/> Un-sheeted container
<input type="checkbox"/> Other (provide details): _____			<input type="checkbox"/> Large enclosure	<input type="checkbox"/> Other (provide details): _____	

Treatment schedule (prescribed/specified treatment schedule)

Formula used	Ethyl formate %	Dose rate of ethyl formate (g/m ³)	Exposure period (hours)
	Carbon dioxide %	Dose rate of carbon dioxide (g/m ³)	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/m ³	Final TLV reading of ethyl formate	ppm
Lowest endpoint reading of carbon dioxide	g/m ³	Final TLV reading of carbon dioxide	ppm

Declaration

I, the fumigator-in-charge declare:

- The treatment complies with all requirements of the Ethyl formate fumigation methodology, the treatment schedule and treatment specific import conditions, and
- 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.