



How to complete a fumigation treatment certificate

This fact sheet explains the mandatory information required in a treatment certificate for fumigations performed under the Methyl bromide fumigation methodology v3.0. Section 12.3 of the methodology defines all mandatory information.

The fumigation certificate provides formal evidence that a methyl bromide treatment was completed in accordance with the methodology and relevant import or export requirements.

A treatment certificate must:

- be based on accurate, contemporaneous records from the Record of Fumigation (ROF)
- be issued for every fumigation conducted under the methodology where certification of treatment is required by the importing or requesting authority
- be kept for 2 years
- not contain false or misleading information.

Certificate template

Use of the certificate template (*Appendix 3*) is **not mandatory**. It is provided as a resource to help you prepare your own treatment certificate. The template may assist in meeting the required conditions; however, compliance is determined by whether the issued certificate includes all requirements outlined in Section 12 of the Methyl Bromide Fumigation Methodology v3.

Some sections of the template have been included based on feedback from industry to make the tool more practical and user-friendly.

Ensure your documents or IT systems align with the requirements in Section 12. Do not rely on the template alone to determine compliance.

Treatment certificate – BMSB Methyl bromide fumigation

Insert your business logo or letterhead (Including address as it appears on the treatment provider list) Date issued (dd/mm/yyyy) _____

Certificate number _____ Treatment provider ID number (AEI) _____

Consignment details

Consignment link (container numbers if applicable) _____
 Seal number(s) _____
 Client name _____
 Client address _____
 Commodity description _____
 Commodity country of origin _____ Commodity quantity _____
 Port of loading _____ Destination country _____

Target of fumigation (pick all that apply) **Enclosure type (pick one)**

Commodity Container Packaging Shipped enclosure Temporary chamber In-shed container
 Other (provide details) _____ Other (provide details) _____

Treatment schedule (prescribed/specified treatment schedule)

Dose rate (g/m³) _____ Exposure period (hours) _____ Temperature (°C) _____

Fumigation details (treatment applied)

Applied dose rate (g/m³) _____ Exposure period (hours) _____ Temperature (°C) _____

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 (g/m³) _____ Final TLV reading (ppm) _____

Declaration

I, the fumigation-in-charge declare:
 1. The fumigation certified was conducted in accordance with the treatment schedule, import conditions, and all the requirements in the Methyl bromide fumigation methodology, and
 2. The information I have provided is true and correct

Signature (sign your name) _____ Full name _____ Accreditation number _____
 Date (dd/mm/yyyy) _____

Additional declarations

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

This factsheet will cover key information required on the certificate:



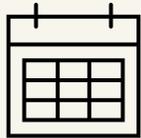

 Any questions? Please email us at:
offshoretreatments@aff.gov.au

Format and letterhead

The format of the certificate is not mandated; certificates may look different to the template in the methodology. Electronic versions of certificates are valid if they meet all the requirements in section 12 of the methodology.



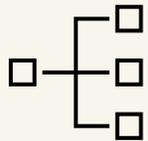
Letterhead: Include your company letterhead. The name of the company and the physical address must be included and legible.
Refer to: Clause 12.3.3 (a)



Date issued: Record the date the fumigation certificate is endorsed and issued. This date may differ from the actual fumigation date.
Refer to: Clause 12.3.3 (w)



Each company may have its own verification and quality assurance processes to confirm that all treatment and documentation requirements have been met before issuing a certificate. The issue date reflects the point at which these requirements have been verified for a specific consignment. For example, multiple certificates may be issued for separate consignments that were fumigated in a single treatment event.



Certificate number: Each fumigation certificate must have a unique number to clearly link it to a specific treatment and consignment. A consistent numbering system might include the year, treatment provider code, and a sequential number (e.g., 2025-FUMEMB-001). Maintain a log of all certificate numbers showing the consignment link, date issued, and treatment details to ensure each number is used only once and can be easily traced.
Refer to: Clause 12.3.3 (c)



Treatment Provider ID: Number issued by regulatory authority. E.g. AEI, AA number, RE number. *Refer to: Clause 12.2.5 (a)*

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

Date issued (dd/mm/yyyy) 25/01/2025

Treatment certificate – BMSB Methyl bromide fumigation

Certificate number	Treatment provider ID number (AEI)
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[Insert your business logo or letterhead]
(Including address as it appears on the treatment provider list)

Date issued (dd/mm/yyyy) 25/01/2025

Treatment certificate – BMSB Methyl bromide fumigation

Certificate number 2025-FUMEMB-001	Treatment provider ID number (AEI) IN40547TP
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Consignment details

Complete this section with the key information linking the fumigation certificate to the consignment that has been treated. Accurate consignment details ensure the treatment can be clearly traced to the correct goods and support traceability for certification and compliance verification.

The sections must be completed as follows:

Seal numbers: Record the sea container seal number(s) where required. Check the relevant import conditions to confirm whether seal numbers must be included.

Commodity country of origin: The country where the goods being fumigated were produced, manufactured, or grown. This information helps verify import and export requirements, as some commodities have specific treatment conditions based on their origin.
Refer to: Clause 12.3.3 (k)

Port of loading: The port or location where the treated goods are loaded for export

Consignment link: A reference that links the fumigation to the consignment, for example, Container number, bill of lading or invoice number.
Refer to: Clause 12.3.3 (h)

Client name/address: Record the name and address of the client whom the certificate is issued. Both importer and exporter can be included if preferred. Additional reference information may also be added.

Commodity description: Provide a brief description of the goods being treated or transported, e.g. “raw cotton bales” or “wooden furniture”.

Destination country: The country to which the goods are ultimately being exported or delivered. It is the final country of import or intended use for the consignment.

Commodity quantity: State the quantity of goods being certified. When multiple certificates are issued for a single treatment (e.g., bulk-treated goods later divided), the total quantity across all certificates must not exceed the quantity treated.

Certificate number		Treatment provider ID number (AEI)	
Consignment details			
Consignment link (container numbers if applicable)	TRLU1234567		
Seal numbers(s)	FN2533699841HN		
Client name	Nate Percival, AUS Importers		
Client Address	47 Bresnahans Lane, FITZROY FALLS NSW 2577		
Commodity description	White rice and Sea container		
Commodity country of origin	India	Commodity quantity	2120 kg
Port of loading	Chennai Port	Destination country	Australia



More information

Web - [Methodologies and documents for biosecurity treatments – DAFF](#)
Email - offshoretreatments@aff.gov.au

Treatment details

Complete this section with information about **where** the fumigation was carried out and **who** it was completed for. Include site details, client information, and any references that link the fumigation to a specific consignment.

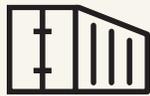


Target of fumigation

The specific object or area that is intended to be treated through the fumigation process. The target of fumigation may be the commodity, packaging material, container, or conveyance or combination of these. Tick all that apply.

Refer to: Clause 12.2.5 (f)

Target of fumigation (pick all that apply)			Enclosure type (pick one)		
<input checked="" type="checkbox"/> Commodity	<input checked="" 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"/> Other (provide details) _____		
Treatment schedule (prescribed/specified treatment schedule)					
Dose rate	(g/m ³)	Exposure period	(hours)	Temperature	(°C)
Fumigation details (treatment applied)					
Applied dose rate	(g/m ³)	Exposure period	(hours)	Temperature	(°C)



Enclosure type

Record the type of enclosure you performed the fumigation in. Fumigations are conducted in a variety of different enclosures; different conditions apply to different enclosure types.

Refer to: Clause 12.2.5 (i) and Glossary

Target of fumigation (pick all that apply)			Enclosure type (pick one)		
<input type="checkbox"/> Commodity	<input type="checkbox"/> Container	<input type="checkbox"/> Packaging	<input checked="" type="checkbox"/> Sheeted enclosure	<input type="checkbox"/> Fumigation chamber	<input type="checkbox"/> Un-sheeted container
<input type="checkbox"/> Other (provide details) _____			<input type="checkbox"/> Other (provide details) _____		
Treatment schedule (prescribed/specified treatment schedule)					
Dose rate	(g/m ³)	Exposure period	(hours)	Temperature	(°C)
Fumigation details (treatment applied)					
Applied dose rate	(g/m ³)	Exposure period	(hours)	Temperature	(°C)

Sheeted enclosure

An enclosure created under a gas-proof sheet that is covering the area to be fumigated. Includes sheeted sea containers and sheeted stacks. *Section 4.2*

Fumigation Chamber

A gas-tight fumigation enclosure with an inbuilt extraction system. All requirements for fumigation chambers specified in section 4.3 Fumigation chambers. *Section 4.3*

Un-sheeted container

Sea container suitable for fumigation. *Section 4.1*



If the enclosure that you use is not listed, provide these details under 'other', or you can change your ROF to suit your needs.



More information

Web - [Methodologies and documents for biosecurity treatments – DAFF](#)
Email - offshoretreatments@aff.gov.au

Treatment schedule - specified treatment rates

Complete this section with the specific details of the fumigation treatment being performed.

Specified treatment schedule

Specific treatment rates, exposure period and rules as imposed by the relevant authority – usually the importing jurisdiction. The treatment schedule will specify, dose rate, exposure period and temperature. Some treatment schedules have additional requirements including, but not limited to, load factor and minimum end point readings.



Dose Rate: The prescribed concentration of methyl bromide to be used per unit of volume and the exposure period e.g. 48g/m³. Refer to: *Glossary*



Exposure Period: The amount of time, in one continuous block, that the consignment must be exposed to sufficient concentration levels of methyl bromide to be lethal to the targeted pests. Refer to: *Glossary*



Temperature: The temperature stated in the treatment schedule, for example, 21°C. Refer to: *Section 12.3.3 (c)*.

Treatment schedule = what is required

Treatment schedule (prescribed/specified treatment schedule)			
Dose rate	80 g/m ³ (g/m ³)	Exposure period	48 (hours) Temperature 21 (°C)
Fumigation details (treatment applied)			
Applied dose rate	(g/m ³)	Exposure period	(hours) Temperature (°C)
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	g/m ³	Final TLV reading	ppm

An example of a treatment schedule – Brown marmorated stink bug

- Dose rate: 24 g/m³ or above,
- Exposure period: minimum of 12 hours (but less than 24 hours),
- Temperature: at 10°C or above,
- Additional requirement: a minimum end point reading of 12 g/m³.



Fumigation details – treatment applied

Insert the details of the treatment that was performed. Where there is dose compensation for temperature variation this will be different to the prescribed treatment schedule section.

If no variation from the treatment schedule this will be the same as the treatment schedule. *Refer to: 12.3.3(q) to 12.3.3(s).*



Applied dose rate: (Referred to as ‘dose rate used’ on the ROF)
The rate used after temperature has been taken into consideration. This is the number used to calculate the dose.
Refer to: Section 6 and 8.1



Exposure Period: Record the amount of time between the start of the fumigation and the end of the fumigation.
Refer to: Section 8.6



Temperature: Record the:

- forecast minimum temperature (°C) or
- minimum temperature achieved in the enclosure or

Refer to: Section 12.3.3 (r)

Fumigation details = what you did

Treatment schedule (prescribed/specified treatment schedule)			
Dose rate	(g/m ³)	Exposure period	(hours) Temperature (°C)
Fumigation details (treatment applied)			
Applied dose rate	80 g/m ³ (g/m ³)	Exposure period	48 (hours) Temperature 28 (°C)
Place of fumigation (Full address)		Street address	
		Suburb/town/city	
Country		Postcode	

For **ambient temperature fumigations** record the lowest forecast minimum temperature. A record of the source of the information must be retained with the fumigation documentation.

For **controlled temperature fumigations** record the minimum recorded temperature achieved in the enclosure during the exposure period.

For **perishable fumigations** record the minimum recorded temperature achieved in the enclosure during the exposure period

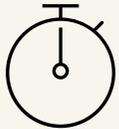


Fumigation Details – treatment applied



Place of fumigation: record address or location where the fumigation was conducted. *Refer to: Clause 12.3.3 (l)*

The start and end of the fumigation is **the start and end of the exposure period**. The times recorded must reflect the exposure period duration.



Date and time fumigation commenced: The start of the exposure period. **This is when the concentration readings are above the required rate and equilibrium has been achieved.** Record the exact date and time the fumigation began. This ensures a clear record of exposure start for compliance and traceability purposes. *Refer to: Clause 8.6.1, 12.3.3 (d)*



Date and time fumigation completed: The end of the exposure period. Record the exact date and time the fumigation was completed.

This confirms total treatment duration and compliance with the prescribed schedule. *Refer to: Clause 12.3.3 (e)*



Final TLV reading: Record the final TLV reading and the time and date it was taken. *Refer to: Clause 12.3.3 (t)*

Place of fumigation (Full address)		Street address	Maharashtra State Highway 237	
		Suburb/town/city	Yavatmal, Maharashtra	
		Country	INDIA	Postcode 445001
Date and time fumigation commenced (dd/mm/yyyy – HH:MM)		17/10/2025	6:42am	am/pm
Date and time fumigation completed (dd/mm/yyyy – HH:MM)		19/10/2025	7:37am	am/pm
Date and time ventilation commenced (dd/mm/yyyy – HH:MM)				am/pm
Lowest endpoint reading	g/m ³	Final TLV reading		1 ppm



For BMSB treatments you must also record the date and time ventilation commenced and lowest endpoint reading.



Declarations



The treatment certificate must include a statement declaring the consignment complies with the treatment schedule, import conditions, and all requirements of the Methyl Bromide Fumigation Methodology.

When declaring compliance with import conditions, this is related to import conditions in the fumigators control. For example, the treatment schedule (dose, exposure period, temperature) packaging requirements, load factors, or consignment suitability, biosecurity directions, or export protocols. This does not relate to other import conditions not related to the treatment processes.

Declaration

I, the fumigator-in-charge declare:

1. The fumigation certified was conducted in accordance with the treatment schedule, import conditions, and all the requirements in the Methyl bromide fumigation methodology, and
2. The information I have provided is true and correct

Signature (sign your name)			
Full name	Rachael Eatock		
Date (dd/mm/yyyy)	19/10/2025	Accreditation number	

Additional declarations

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



Accreditation number:
This is a number associated with an individual and relates to the fumigator-in-charge. *Not a mandatory field – Refer to relevant import/export policy for details.*

Record the name and signature of the fumigator-in-charge or authorised signatory, and the date of endorsement. *Refer to: Clauses 12.3.3*

Additional declarations

Record any additional declarations. *Not a mandatory field – Refer to relevant import/export policy.*



Additional declaration for BMSB: “The container seal, as listed on this certificate, was applied by the treatment provider within 120 hours of the treatment completion”.

