Date issued (dd/mm/yyyy)

# Treatment certificate – Methyl bromide fumigation

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

## Consignment details

|  |  |  |  |
| --- | --- | --- | --- |
| Consignment link (container numbers if applicable) |  | | |
| Seal numbers(s) (if applicable) |  | | |
| 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 | Sheeted enclosure | Fumigation chamber | Un-sheeted 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 | (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 | |
| Final TLV reading (ppm) | ppm | |

## 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 |  | | |
| Date (dd/mm/yyyy) |  | Accreditation number |  |

## Additional Declarations