|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Record of fumigation – Methyl bromide fumigation (non-perishable commodity) | | | | | | | | | |
| ****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)**** | | | | | |
| Dose rate (g/m3) | Exposure period (hrs) | | | Sheeted enclosure  Fumigation chamber  Un-sheeted container(s)  Other | | | | | |
| Consignment suitability (Section 3 of the methodology) | | | | Enclosure volume | | | | | |
| Was the consignment suitable for fumigation?  Yes – consignment suitable  No – remedial action taken | | | | Length | Height | | Width | | (m) |
| Total volume | | (m3) | | | |
| If no, what action? | | | | Dose | | | | | |
| **Fumigation type (select one)** | | | | Dose rate used | | (g/m3) | | | |
| Ambient temperature: Forecast min temp | | | ˚C/˚F | Calculated dose | | (g) | | | |
| Controlled temperature: Min enclosure temp | | | ˚C/˚F | Chloropicrin  Yes  No | | If yes: | | % | |
| Heaters used?  Yes  No | | | | Amount CH3Br applied | | (g) | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section D: Concentration readings Monitoring readings by locations -** Each reading must be initialled by the fumigator(s) who took the reading | | | | | | | | | | | | | | | |
| Serial number of monitoring device(s) | | | | | | | | | | | | | | | |
|  | **1** | **2** | **3** | **4** | | | **5** | **Equilibrium result (%)** | | | **Standard (g/m3)** | | **Date**  **(dd/mm)** | **Time (hh:mm)** | **Fumigator/s initials** |
| **Time and date: Fumigant injection finished** | | | | | | | | | | | | |  | am/pm |  |
| Start |  |  |  |  | | |  | % | | |  | |  | am/pm |  |
|  |  |  |  | | |  | % | | |  | |  | am/pm |  |
| During |  |  |  |  | | |  |  | | |  | |  | am/pm |  |
|  |  |  |  | | |  |  | | |  | |  | am/pm |  |
| End |  |  |  |  | | |  |  | | |  | |  | am/pm |  |
|  |  |  |  | | |  |  | | |  | |  | am/pm |  |
| **Time and date: Enclosure ventilation start** | | | | | | | | | | | | |  | am/pm |  |
| **Final TLV readings (all)** | | | | | | **ppm** | | | ppm | ppm | | |  | am/pm |  |
| Top-up details | | | | | | | | | | | | | | | |
| Amount (g/m3) | | | | | 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 fumigation was conducted in accordance with the treatment schedule and all the requirements in the Methyl Bromide Fumigation Methodology, and the information I have provided is true and correct. | | | | | | | | | | | | | | | |
| Signature | | | | | Date (dd/mm/yyyy) | | | | | | | Fumigation result (Pass/Fail) | | | |
| Government officer if supervised | | | | | Name | | | | | | | Signature | | | |