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| Section D: Concentration and temperature readings |
| **Temperature readings (˚C)** Each reading must be signed by the fumigator(s) who took the reading |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **Date (dd/mm)** | **Time (hh:mm)** | **Fumigator(s) signature** |
|  |  |  |  |  |  |  |  | am/pm |  |
|  |  |  |  |  |  |  |  | am/pm |  |
|  |  |  |  |  |  |  |  | am/pm |  |
|  |  |  |  |  |  |  |  | am/pm |  |
| **Monitoring readings by locations** Each reading must be signed 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) signature** |
| **Time and date: Fumigant injection finished**  |  | am/pm |  |
| Start |  |  |  |  |  | % |  |  | am/pm |  |
|  |  |  |  |  | % |  |  | am/pm |  |
| During |  |  |  |  |  |  |  |  | am/pm |  |
|  |  |  |  |  |  |  |  | am/pm |  |
| End |  |  |  |  |  |  |  |  | am/pm |  |
|  |  |  |  |  |  |  |  | am/pm |  |
| Final TLV readings (all) | ppm | ppm | ppm |  | am/pm |  |
| 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  |

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| Record of treatment – Methyl bromide fumigation (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 |
| Consignment suitability (section 3 of the methodology) | Enclosure volume (m3) |
| Was the consignment suitable for fumigation? | Length | Height | Width | (m) |
| [ ]  Yes – consignment suitable [ ]  No – remedial action taken | Total volume  | (m3) |
| If no, what action? | **Dose** |
| Specified treatment schedule  | Dose rate used | (g/m3) |
| Dose rate (g/m3) | Exposure period (hrs) | Calculated dose | (g) |
| Temperature (˚C) |  | Chloropicrin [ ]  Yes [ ]  No | If yes: | % |
| Retention rate (%) | or CT product | Amount CH3Br applied | (g) |
| Temperature probe location | Load factor |
| [ ]  Inside packaging | [ ]  Inserted into pulp | Maximum | % | Estimated | % |