|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | % | |