



## Vapour heat treatment record

Exporter: .....

Establishment name and number: .....

RFP number/batch number: ..... Destination country: .....

Commodity: ..... Number of bins: .....

Treatment schedule: ..... °C or above for duration of ..... minutes at ..... % RH

### Verification of sensor calibration

Monthly calibration completed within 30 days: YES / NO (circle where appropriate)

If YES: Date of sensor calibration: .....

If NO: Conduct and record a sensor calibration

### Supervision of treatment set up

Seal number of treatment room exit: .....

Seal number of treatment room entry: .....

Time entry door sealed: .....

Authorised Officer name and number: .....

Signature: ..... Date: .....

### Verification of treatment

Treatment completed successfully: YES/NO

If YES:

Treatment start date and time: .....

Treatment finish date and time: .....

If NO: Complete the 'Reason for treatment failure' table below.

Reason for treatment failure	Tick relevant reason
Temperature of at least one sensor did not meet the prescribed temperature for the nominated schedule	
Humidity level was not reached	
Whole treatment process lasted less than two hours	
Other -provide comments	

Authorised Officer name and number: .....

Signature: ..... Date: .....