

# 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: ……………………………………..