

Methyl Bromide - Record of Fumigation

Job Details			
Job Identification	Customer Name	Start Date of Fumigation	Location
Description of Consignment			
Target of Fumigation		Container Numbers / Consignment Identification	

Fumigation Details			
The consignment complies with the following requirements of the <i>Standard</i> : Adequate free airspace, no impervious surfaces or wrapping, maximum timber thickness & spacing <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Sheeted Containers	<input type="checkbox"/> Sheeted Stack	Enclosure Dimensions	
Size: Qty:		L H W	
<input type="checkbox"/> Pressure Tested Container	<input type="checkbox"/> Chamber	Volume	
Decay Time = seconds		= m ³	
Specified Dosage Rate g/m³	Exposure Period hrs	Forecast Minimum Temp °C	Dosage Rate Used g/m³
Calculated Dosage g	Chloropicrin <input type="checkbox"/> N/A % g	Actual Dosage Applied g	Time Dosing Finished

Concentration Readings									
Phase	Time of Reading	Standard g/m ³	Monitor Line Readings by Location					Equilibrium Calculation	Top-up Dose
			1:	2:	3:	4:	5:		
Start								%	
								%	
During									
End									

Comments

Ventilation			
Initial TLV ppm	Date & Time Taken	2 nd TLV Reading ppm	Date & Time Taken
Fumigator in Charge		Quarantine Officer (if supervised)	
Name	Signature	Name	Signature