## **COMPANY LETTERHEAD**

(including address as it appears on the AFAS treatment providers list)

Certificate number:	AFAS reg	sistration number:
	TARGET OF FUMIGATION	ON DETAILS
Target of fumigation:	Commodity Packing	Both Commodity and Packing
Commodity:		Quantity:
Consignment link:		
Country of origin:	Port of loading:	Country of destination:
Name and address of exporter	Name a	nd address of importer:
	· .	
	TREATMENT DET	TAILS
Date fumigation completed	: Place of fu	migation:
AOIS prescribed dose rate	(a/m³).	period (hrs):
<b>V</b> 1	(g/m ): Exposure j	· · · · · · · · · · · · · · · · · · ·
	C): Applied do	
Forecast minimum temp (°	C): Applied do	ose rate (g/m³):
Forecast minimum temp (° How was the fumigation of	C): Applied do onducted?   Stack under sheet  Permanent Chamber	Container/s under sheet  Pressure tested container/s
Forecast minimum temp (° How was the fumigation of	Applied do	□ Container/s under sheet □ Pressure tested container/s
Forecast minimum temp (° How was the fumigation of Container number/s (where Does the target of the fumi	Applied do nducted? Stack under sheet Permanent Chamber applicable): gation conform to the AQIS plastic wrappin ber thickness requirements at the time of fur	cose rate (g/m³):  Container/s under sheet  Pressure tested container/s
Forecast minimum temp (° How was the fumigation of Container number/s (where Does the target of the fumi	Applied do nducted? Stack under sheet Permanent Chamber applicable): gation conform to the AQIS plastic wrappin ber thickness requirements at the time of fur	Container/s under sheet  Pressure tested container/s  g, migation?  Yes No  for Stack or Permanent Chamber fumigations)
Forecast minimum temp (° How was the fumigation of Container number/s (where Does the target of the fumi impervious surface and tim Ventilation Final TLV  By signing below, I, the	Applied do onducted? Stack under sheet Permanent Chamber  applicable): gation conform to the AQIS plastic wrappin ber thickness requirements at the time of fur reading (ppm): (not required  DECLARATION  AFAS accredited fumigator responsible, de	Container/s under sheet  Pressure tested container/s  g, migation?  Yes No  for Stack or Permanent Chamber fumigations)  N  clare that these details are true and correct and the
Forecast minimum temp (° How was the fumigation of Container number/s (where Does the target of the fumi impervious surface and tim Ventilation Final TLV  By signing below, I, the	Applied do onducted? Stack under sheet Permanent Chamber  applicable): gation conform to the AQIS plastic wrappin ber thickness requirements at the time of fur reading (ppm): (not required  DECLARATION  AFAS accredited fumigator responsible, de	Container/s under sheet  Pressure tested container/s  g, migation?  Yes No  for Stack or Permanent Chamber fumigations)  N  clare that these details are true and correct and the s in the AQIS Methyl Bromide Fumigation Standa
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