

**Forms for reporting information on quarantine and pre-shipment use of methyl bromide provided as examples in section 10.4.2 of the 2012 progress report of the Technology and Economic Assessment Panel (Decision XXIV/15(4))**

## ANNEX 1: DRAFT METHYL BROMIDE RECORD SHEETS FOR RECORDING QUARANTINE AND/OR PRE-SHIPMENT USES

Source: TEAP (1999), APPENDIX A3, page 101-104

This document is intended as an aid to Parties for gaining information about quarantine and pre-shipment (QPS) consumption of methyl bromide (MB) at a national level. Those involved in monitoring and reporting QPS should amend the requirements of this form to suit their needs. Parties wishing to make use of this or similar form would need to ensure that a system is in place for licensing companies and individuals carrying out MB fumigations.

Applications to be completed by licensed applicators of methyl bromide for quarantine and pre-shipment purposes. Please read instructions and definitions before completing the application form.

### **Instructions**

You are required to provide information to the government of (specific name of country requesting information) if your company was involved with the use of methyl bromide for quarantine and pre-shipment applications. This form must be filled out on an annual basis and submitted by (specific day, month, year) for quarantine and pre-shipment uses (QPS) during the period of (day, month, year) to (day, month, year).

### **Definitions**

**Quarantine applications** with respect to methyl bromide, are treatments to prevent the introduction, establishment and/or spread of quarantine pests (including diseases), or to ensure their official control.

**Official control** of a pest is that which is performed by, or authorised by, a national plant, animal or environmental protection or health authority.

**Quarantine pests** are pests of potential importance to the areas endangered thereby and not yet present there, or present but not widely distributed and being officially controlled.

**Pre-shipment applications** are those treatments applied directly preceding and in relation to export, to meet the phytosanitary or sanitary requirements of the importing country or existing phytosanitary or sanitary requirements of the exporting country.

- Please refer to the 'QPS Logic Diagram' (see Section 3.2.5, Figure 3.1 in the TEAP 1999 Report) for assistance in classifying methyl bromide uses as quarantine or pre-shipment.

Complete and return this form to: \_\_\_\_\_

Government Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

## Section A

*Information respecting your company's activities:*

1. Dates of reporting period: Start: \_\_\_\_\_ Finish: \_\_\_\_\_
2. Name of your company: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Contact person: \_\_\_\_\_
5. Company's Activities:
  - (a) State the total quantity of methyl bromide applied or otherwise used by your company for quarantine and/or pre-shipment purposes during the reporting period:  
  
\_\_\_\_\_ kg
  - (b) Please complete Section B for quarantine treatments. Please complete Sections C & D for pre-shipment treatments.

## Section B

Complete the following table for each use of methyl bromide for **quarantine** purposes **only**. Attach **official proof** of these quarantine treatments i.e., document from official authority which performed or authorised the treatment for each fumigation.

e.g., 10-09-00	Apples	15,000 boxes	Codling moth	Japan	227 kg
					<b>Total Amount Used</b>

### Section C

**Pre-shipment treatments** required by official authorities in the **importing** country.

Complete the following table for each use of methyl bromide used for phytosanitary or sanitary purposes to meet the official requirements of countries importing the commodities or items.

Attach **official proof** that these methyl bromide fumigation(s) were required by official or national authorities in the importing country e.g. document from the national authority which performed or authorised the treatment for each fumigation.

10-10-00	15-10-00	Wooden pallets	10 containers	[National] Grain Board	Kenya	27 kg
						<b>Total Amount Used</b>

## Section D

**Pre-shipment treatments** required by official authorities in the **exporting** country.

Complete the following table for each use of methyl bromide used for phytosanitary or sanitary purposes to meet the official requirements of countries exporting the commodities or items.

Attach **official proof** that these methyl bromide fumigation(s) were required by official authorities in the exporting country e.g. document from the national authority which performed or authorised the treatment for each fumigation.

10-10-00	15-10-00	Ship	3 holds	Canadian Plant Protection Division #76- 9	1 tonne
					<b>Total Amount Used</b>

<b>List of articles fumigated</b>	
<b>Commodities</b>	<b>kg</b>
Bulbs, corms, tubers and rhizomes (intended for planting)	
Cut flowers and branches (including foliage)	
Fresh fruit and vegetables	
Grain, cereals and oil seeds for consumption including rice (not intended for planting)	
Dried foodstuffs (including herbs, dried fruit, coffee, cocoa)	
Nursery stock (plants intended for planting other than seed), and associated soil and other growing media	
Seeds (intended for planting)	
Wood packaging materials <sup>1</sup>	
Wood (including round wood, sawn wood, wood chips)	
Whole logs (with or without bark)	
Hay, straw, thatch grass, dried animal fodder (other than grains and cereals listed above)	
Cotton and other fibre crops and products	
Tree nuts (almonds, walnuts, hazelnuts etc.)	
<b>Structures and equipment</b>	
Buildings with quarantine pests (including elevators, dwellings, factories, storage facilities)	
Equipment (including used agricultural machinery and vehicles), empty shipping containers and reused packaging	
<b>Other items</b>	
Personal effects, furniture, crafts, artefacts, hides, fur and skins	

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<sup>1</sup> It is noted that ISPM No. 15 (*Guidelines for regulating wood packaging material in international trade*) is the only ISPM currently listing approved treatments for wood packaging material. Wood packaging material is the only commodity for which specific treatments are currently described in an ISPM.



## TARPAULIN FUMIGATION

**NOTE:** In preparation for the fumigation and prior to site selection the officer should have determined (1) the immediate pest risk associated with the infested commodity, (2) the temperature requirements for the fumigation, and (3) the permeability of the packaging.

### CHECKLIST OF MATERIALS AND PROCEDURES (Consider each of the listed items when performing a fumigation.)

#### MATERIALS

FUMIGATOR			PPO
Tarpaulin	Tarpaulin Supports	Volatizer	Gas Analyzer
Sand Snakes	Fans	Heat Supply	Driette
Water Snakes	Extension Cords	Exhaust Fans	
Loose Sand	2-3 Prong Plug Adapters	Sampling Tubes	Self Contained (SCBA) Breathing Apparatus
Burlap / Padding	Fumigant	Scale	Halide Detector
Masking Tape	Gas Introduction Line	Fumigation Placards	Tape Measure
Pesticide & Spray Equipment	T/C Gas Analyzer	SCBA - Self Contained Breathing Apparatus	Thermometer
			Gas Detector Kit and Detector Tubes

#### PROCEDURES (SECTION III TREATMENT MANUAL)

PREPARATION		FUMIGATION	
1. SITE SELECTION	3. TARPAULIN ENCLOSURE	4. TREATMENT SCHEDULE DETERMINATION	Introduction Rate
Ventilated Area	A. COVER	Plant Pest	Check for Leaks
Sheltered Area	Condition	Commodity Temperature	6. SAFETY
Impervious Surface	Air Space, Above Load	Space Temperature	Gas Detection Tests
Non-work Area	Floor Area 30 cm (12") Space Around Load	Volume Determination	7. CONCENTRATION READINGS
Proximity to Electrical Source	Overlap 45 cm (18") Border	Sorptive Commodity	T/C Gas Analyzer Standardization
Proximity to Commodity	B. SNAKES	Amount of Fumigant	Time Intervals
2. ARRANGEMENT OF COMMODITY & EQUIPMENT	Contact Along Sides	5. FUMIGANT INTRODUCTION	Gas Distribution
Stack Size Limitation	Contact Around Corners	Area Clear of Unauthorized Personnel	Maximum / Minimum
Air Space, Below and Between Load	Overlap 15 cm (6") Minimum	Cover condition	8. AERATION (MULTIPLE STACKS)
Placement of Tarp. Supports	C. SAND	Fan Operation	Exhaust Fan(s)
Placement of Padding	Perimeter	Contaminant Gases	Exhaust Tube(s)
Placement of Fans	D. ADHESIVE	Fumigant Cylinder Weight	Exhausted in a Non-fumigation Area
Placement of Gas Introduction Line(s)	Perimeter	Gas Line Connections	Negligible Gas Readings Before Tarpaulin Removal
Placement of Sampling Lines		Volatizer Heated	Halide or Other Detector Tests



Detailed instructions for completing the form are also provided in the APHIS Treatment Manual.

For many years, the APHIS Treatment Manual has instructed APHIS officials to send one copy of each [completed] form to a central body. The January 2009 version of the Manual, for example, stated the following:

**Purpose**

This form is to be used as a station record for all treatments conducted in approved chambers or in temporary enclosures (tarpaulin, in containers, truck vans, railroad cars, ships, warehouses, or other enclosures). Treatments conducted under temporary enclosures require minimum gas concentration readings be reported. ....

**Distribution**

Give the original and one copy to your supervisor for review. The supervisor should keep the original for port files and send one copy to:

USDA, APHIS, PPQ, CPHST  
Treatment Quality Assurance Unit  
1730 Varsity Drive, Suite 400  
Raleigh, NC 27606

The current version of the APHIS Treatment Manual (dated May 2010) indicates that APHIS has set up an electronic reporting system which augments the paper submission:

‘The PPQ Form 429 is to be used as a station record for all treatments conducted in approved chambers or in temporary enclosures (tarpaulin, in containers, truck vans, railroad cars, ships, warehouses, or other enclosures). Treatments conducted under temporary enclosures require minimum gas concentration readings be reported. CPHST TQAU tracks MB fumigant usage in an electronic [429 database](#). Contact CPHST TQAU for username and password.’ ....

**Distribution**

Give the original and one copy to your supervisor for review. The supervisor should keep the original for port files and send one copy to:

USDA, APHIS, PPQ, CPHST  
Treatment Quality Assurance Unit  
1730 Varsity Drive, Suite 400  
Raleigh, NC 27606

## ANNEX 2a: UNITED STATES (EPA) QPS FORM

OMB Control Number: 2060-0170  
Expiration Date: 4/30/12

<b>EPA</b> U.S. Environmental Protection Agency STRATOSPHERIC OZONE PROTECTION PROGRAM		CLASS I CONTROLLED SUBSTANCE DISTRIBUTOR OF QPS METHYL BROMIDE QUARTERLY REPORT (Sec 82.13)	
<b>SECTION 1 DISTRIBUTOR IDENTIFICATION</b>			
<b>1.1 Date of Submission</b>	<b>1.2 Total Quantity of Methyl Bromide Delivered for Use in Certified QPS Applications (kg)</b>	<b>1.3</b> <input type="checkbox"/> Original Submittal <input type="checkbox"/> Re-submittal	
<b>1.4 Quarter and Year to Which This Report Applies</b>		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> Year ____	
<b>1.5 Distributor Information</b>			
Company Name			
Street Address			
City	State	Zip Code	
<b>1.6 Distributor Contact Identification</b>			
Reporting Distributor Contact Person		Phone Number	Fax Number
E-mail Address			
<b>1.7 Supplier Identification</b>			
Supplier Name			
<b>1.8 Signature of Reporting Distributor Representative</b>			
<i>I certify that the total quantity of methyl bromide listed in this form was exclusively sold for use in quarantine &amp; preshipment applications, and not sold/ transferred to another person.</i> <i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>			
Name _____			
Title _____			
Signature _____		Date _____	

<b>SEND COMPLETED FORMS TO:</b>	<b>For U.S. Postal Service:</b> Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1200 Pennsylvania Avenue, NW Washington, DC 20460	<b>For Private Courier:</b> Tracking System Program Manager Stratospheric Protection Division U.S. EPA – (6205J) 1310 L Street, NW; 10 <sup>th</sup> Floor Washington, DC 20005
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Information in reports submitted in compliance with the final rule may be claimed as confidential. A company may assert a claim of confidentiality for information submitted by clearly marking that information as confidential. Such information shall be treated in accordance with EPA's procedures for information claimed as confidential at 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart. If no claim of confidentiality accompanies the report when it is received by EPA, it may be made public without further notice to the company (40 CFR 2.203).

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

**ANNEX 3: AUSTRALIA**



**Australian Government**

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**Department of the Environment, Water, Heritage and the Arts**

*Ozone Protection and Synthetic Greenhouse Gas Management  
Regulations 1995*

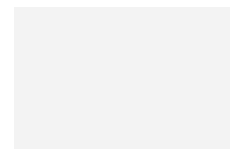
**RECORD OF ALL USE OF  
METHYL BROMIDE**

10251663360251664384251666432

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**P'code:** \_\_\_\_\_



Date of Use	Total Quantity Used (kg)	If Non-QPS application:					If QPS application:		
		Crop or commodity for which treatment conducted	Dosage Rate kg/ha or kg/m <sup>3</sup>	MeBr:Pic Mix Used	No. of Hectares/ No. and volume of Containers Treated	Name & Address of Exempt Person for whom the fumigation was carried out	Type of QPS application	Commodity/ Pest fumigated	Reference number (Commonwealth; State/Territory)

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

*Last Updated: 7 April 2010*

*Ozone Protection and Synthetic Greenhouse Gas Management Regulations 1995*

## SUMMARY RECORD OF ALL USE OF METHYL BROMIDE

This record is a summary only of the total quantity of methyl bromide your company uses each day. This record should be kept and maintained in conjunction with your own record keeping system of recording the particulars for each individual fumigation as outlined in the *Ozone Protection and Synthetic Greenhouse Gas Management Regulations 1995*, and on the Department's website at [www.environment.gov.au/atmosphere/ozone](http://www.environment.gov.au/atmosphere/ozone).

**Company Name:** \_\_\_\_\_ **ABN:** \_\_\_\_\_

[illegible]

**Total quantity for this page:** \_\_\_\_\_ kg

**Signed:** \_\_\_\_\_

### Australia / 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 Standard: 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 <sup>3</sup>					
Specified Dosage Rate g/m <sup>3</sup>		Exposure Period hrs		Forecast Minimum Temp °C		Dosage Rate Used g/m <sup>3</sup>			
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 <sup>3</sup>	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 <sup>nd</sup> TLV Reading ppm		Date & Time Taken			
Fumigator in Charge					Quarantine Officer (if supervised)				
Name		Signature		Name		Signature			

## ANNEX 4: METHYL BROMIDE FUMIGATION LOGBOOKS USED IN THE EUROPEAN UNION UNTIL METHYL BROMIDE WAS BANNED IN 2010

### Logbook used by EC countries for recording the quantities and uses of MB for QPS treatments

The logbook below was used for recording each MB fumigation for QPS in all 27 EU countries until MB was banned. The logbooks were used for annual reports on the quantities of MB authorised for QPS and the purposes for which MB was used, under Regulation (EC) 2037/2000, Article 4(2)(iii).

[illegible]

The following explanations shall help to fill in the logbook table above correctly.

☒" indicates that information in this column is mandatory under Regulation (EC) No. 2037/2000.

**Column A: Date or period of treatment**

Please indicate the date (e.g. 23/07/2005 for 23 July 2005) or period (e.g. 23-28 July 2005) when the treatment(s) has (have) taken place.

**Column B: Number of treatments**

If you report on several treatments on the same commodity within the specified period, please indicate the number of individual treatments within this period.

**Column C: Name and Location of fumigation company** (*Voluntary information*)

Please indicate the name and the location of the office of the fumigation company.

**Column D: Location of fumigation** (*Voluntary information*)

Please indicate the type of location where the fumigation took place. Only write the corresponding Identifying letter into this column:

<b>P</b>	Port area
<b>A</b>	Airport
<b>O</b>	Fumigation place within the country other than Ports and airports (please specify)



**Column E: Fumigation in ...** (*Voluntary information*)

Please indicate the type of place where the fumigation took place. Only write the corresponding Identifying letter into this column:

<b>T</b>	Under tarpaulin
<b>S</b>	On board a ship
<b>P</b>	In an aircraft
<b>C</b>	In a shipping container
<b>F</b>	In a fumigation facility
<b>O</b>	Other (please specify)

**Column F: Volume of space treated** (*Voluntary information*)

Please indicate the volume of the treated space according to the following groups. Not the volume of the commodity is relevant here, but the volume of the fumigation facility in which the commodity is treated. Only write the corresponding identifying letter into this column:

<b>S</b>	Small: 0 – 49 m <sup>3</sup>
<b>M</b>	Medium: 50 – 99 m <sup>3</sup>
<b>L</b>	Large: 100 – 499 m <sup>3</sup>
<b>XL</b>	Extra-large: 500 – 999 m <sup>3</sup>
<b>XXL</b>	Extra-extra large: 1000 m <sup>3</sup> and larger

**Column G: Identifier of Commodity treated**

Select the identifier of only one of the following target categories and put this letter into the column “Identifier of Commodity treated”:

<b>A</b>	Bulbs, corms, tubers and rhizomes
<b>B</b>	Cut flowers and branches
<b>C</b>	Fresh fruit and fresh vegetables
<b>D</b>	Grain and cereals for consumption
<b>E</b>	Dried foodstuffs
<b>F</b>	Nursery stock
<b>G</b>	Seeds and seedlings for planting
<b>H</b>	Wooden packaging materials, pallets, dunnage, other packaging
<b>I</b>	Processed wood (furniture etc.)
<b>K</b>	Whole logs with bark
<b>L</b>	Whole logs without bark
<b>M</b>	Hay, straw, dried animal fodder
<b>N</b>	Cotton and fibre
<b>O</b>	Equipment
<b>P</b>	Personal effects
<b>Q</b>	Other (please specify)

Igrox other uses: Manhole covers, chemicals, yacht, chemicals, cricket bats, slate, detergent, healthcare products, books, glassware, construction materials, cable, scaffolding, steel plates, claywear, plastic, paper, valves, pvc compound, insulation, metal. [Note that the Biocides Directive does not permit the use of MB for biocidal applications after 1 September 2006]

**Column H: Pest to be treated**

Please indicate the pest as precisely as possible, preferably with its scientific name. This information is legally required to justify any Quarantine treatment. It will allow the Commission to separate the Quarantine-treatments from the Preshipment-treatments. Without a specific pest name, the treatment will be assumed to be against a non-quarantine pest.

**Column I: Total kg of MB used for this commodity / treatment**

Please indicate the total amount of methyl bromide in metric kg that was used for this commodity / treatment.

**Column K: Total kg of MB recaptured (if recapture techniques available) *(Voluntary information)***

Please indicate the amount of methyl bromide (metric kg) that was recaptured if a recapture technology is installed.

**Column L: Shipped within EU to these Member States**

Please indicate those Member States within the EU (not third countries) to which the consignments treated with MB have been shipped.

**Column M: Exported out of the EU to these Countries**

Please indicate those third countries (not Member States of the EU!) to which the consignments treated with MB have been exported.

Please note: Transport of goods between Member States of the EU is not considered to be export, but shipment. Only transport of goods to countries outside the EU is considered export.

**Column O and P: Authorising Authority**

Please indicate the name and location (city) where the agency that authorised the particular treatment is located.

Note that the authorising agency must be located within the EU.

According to the Montreal Protocol, “authorised” refers to specific instructions only provided by a national plant, animal, environmental protection of health authority. Any other authority is not considered to be entitled to give authorisation to QPS treatments with Methyl bromide.

**Column Q: Demanding Authority** (*Voluntary information*)

You may wish to provide the name and location (country) of the authority that has demanded this treatment. Note that the demanding authority is usually located in the country of destination, i.e. outside the EU.

**Forms used by EU countries for annual reports on progress in QPS alternatives**

The forms below are used by EU countries for their annual reports on the progress in evaluating and using alternatives for QPS under Regulation (EC) 2037/2000 on substances that deplete the ozone layer Article 4(2)(iii).

#### ANNEX 4A: FORM FOR REPORTING ON PROGRESS IN USING ALTERNATIVES FOR QPS

You may wish to attach supplementary information where appropriate, but summarise the key parts of the supplementary information into the relevant part(s) of the Form. Please indicate a future implementation date for an action or event that has yet to be implemented.

Where legislation or a programme is mentioned, please state national code for the legislation.

List the alternatives to methyl bromide being used for QPS in the reporting calendar year, e.g. 2008.

<b>N o.</b>	<b>Name of Alternative</b>	<b>Commodity</b>	<b>Pest target</b>	<b>Disease target</b>	<b>Date when treatment with this alternative commenced</b>	<b>Kg per year of methyl bromide replaced by the alternative (estimates)</b>	<b>Comments: duration of treatments, estimated cost of facility, estimated cost per treatment, estimated amount of fumigant used etc.</b>
1							
2							
3							
4							
5							
6							

QPS uses of methyl bromide for which you have no alternatives yet:

Commodity	Pest target	Disease target	Expected date of research	Comments

One row is used for recording each MB fumigation carried out. More rows can be added as needed

Date when fumigation started	Quantity of methyl bromide used (kg)	Item fumigated	Destination country	Target pest species	Address of government authority which required this fumigation
<i>Example:</i>  31/02/2010	  300 kg	  Fresh grapes	  xxx	  Chilean spider mite ( <i>Brevipalpus chilensis</i> )	  Quarantine office, Port Town 3210

**Fumigation record sheet**

Company name:

Name of cargo vessel		Plant items		Quantity (tones)		Application No. of plant inspection	
Name of fumigation warehouse (chamber):				Fumigation warehouse No.:			
Chamber volume (m <sup>3</sup> )		Rate of items loading (Tonnes/ m <sup>3</sup> )		Chamber class (gas tightness)			
Name of fumigant :				Amount of dose (kg):			
				Dosage rate (g/m <sup>3</sup> ):			
Use of circulation apparatus :			Yes No	Use of forced ventilation:		Yes No	
Dose application	Year/ Month/ Day :			Chamber space temperature :		°C	
	Time:			Items temperature :		°C	
Name of persons in the presence at the dose application			Facility owner:		Chief fumigator:		Fumigation workers:
Termination of fumigation	Year / Month / Day:			Chamber temperature :		°C	
	Time::			Items temperature :		°C	
Name of persons in the presence at the termination of fumigation			Facility owner:		Chief fumigator:		Fumigation workers:
*Remaining gas concentration at the fumigation termination:  mg / l			*Test insect  alive Dead			*Fumigation result  Success Failure	
* Remark			*Chief plant quarantine officer name:				



s		*Associate-chief plant quarantine officer name:	
		*Name of officer in presence at the dose application:	
		*Name of officer in presence of termination of the fumigation	

Note

1. It is expected to describe every item except for the parts marked with “\*” and to submit a copy to the plant quarantine officer at the termination of fumigation.
2. For items in the fumigation chamber which are fumigated with main items simultaneously, respective names of plant items and their quantities are shown.
3. In the columns of name of persons in presence at dose application and the termination of fumigation, all persons names must be described who are engaged in the fumigation and are in presence at the fumigation.
4. This is an English version provisionally translated.

One row is used for recording each MB fumigation carried out. More rows can be added as needed

Date when fumigation started	Quantity of methyl bromide used (kg)	Item fumigated	Destination country	Target pest species	Address of government authority which required this fumigation
<i>Example:</i>  31/02/2010	  300 kg	  Fresh grapes	  xxx	  Chilean spider mite ( <i>Brevipalpus chilensis</i> )	  Quarantine office, Port Town 3210

# ANNEX 6: MALAYSIA



**JABATAN PERTANIAN MALAYSIA**  
(PERKHIDMATAN KUARANTIN TUMBUHAN)  
DEPARTMENT OF AGRICULTURE  
(PLANT QUARANTINE SERVICE)

PQ 21

No :

PENGESEHAN OPERASI PEWASAPAN MENGGUNAKAN METHYL BROMIDE				
Tempat: .....		Tarikh: .....		
Nama Pemilik Konsainan & Alamat: .....				
BIL.	PERALATAN	TARPAULIN	KONTENA	CATATAN
1.	Topeng Keselamatan			
	a. Fullface Mask & Canister Filter			
	b. Peralatan SCBA/CABA			
2.	Tarpaulin kalis gas - cover sheet (0.2-0.7mm)			
3.	Tarpaulin kalis gas - floor sheet (0.2-0.7mm)			
4.	Rangka atau Struktur			
5.	Muatan komoditi dalam enclosure 80% atau kurang			
6.	Kontena - kalis gas (pressure test)			
7.	Tangga			
8.	Lampu Suluh			
9.	Guni/Getah/Foam/Kertas (alas sudut)			
10.	Sand snake atau Water snake (5 - 7 cm qarispusat & panjang 1 - 1.5 meter)			
11.	Masking Tape atau Loytape jenis kalis gas			
12.	Sealant/Glue/Epoxy/Tar (untuk menampal)			
13.	Tali Pengukur (panjang 30 meter)			
14.	Saluran Tiub Gas (introducing line) - reinforced with wire mesh (eg. Teflon)			
15.	Kedudukan Tiub Persampelan:			
	a. Tengah			
	b. Atas			
	c. Bawah			
	d. Dalam Komoditi			
	e. Lain-lain (nyatakan)			
16.	Gas Methyl Bromide:			
	a. Selinder			
	b. Canister			
17.	Vapouriser/Volatilizer (alat penguwap gas)			
18.	Dapur atau Alat Pemanas			
19.	Guni atau Bekas Tadahan			
20.	Dispenser Gas			
21.	Penimbang (weighing scale)			
22.	Kipas Angin - blade 16-24in diameter - 1,840-5,000 cfm			
23.	Alat Mengesan Kebocoran:			
	a. Halide Detector Lamp			
	b. Reiken-kiki Electronic Detector			
24.	Alat Mengukur Kepekatan Gas:			
	a. Kitigawa/Draeger/Auer Pump			
	b. Fumiscopes (thermal conductivity meter)			
25.	Pita Amaran merah putih (perimeter tape)			
26.	Poster Amaran			
27.	Peti Pertolongan Cemas (First Aid Kit)			
BIL.	LOKASI RAWATAN	YA	TIDAK	CATATAN
1.	Kesesuaian Lokasi/Tapak			
BIL.	OPERATOR/PEKERJA	YA	TIDAK	CATATAN
1.	Operasi dijalankan oleh Operator/Pekerja terlatih			
BIL.	PROSES KERJA	TARPAULIN	KONTENA	CATATAN
1.	Pengiraan Dosej (kepekatan gas)			
2.	Guna & semak carta kepekatan gas/masa			
3.	Pengudaraan (aeration/ventilation)			

## KEPUTUSAN PEMERIKSAAN

- ☐ Pewasapan dibenarkan.  
☐ Pewasapan tidak dibenarkan:  
 Catatan: .....

Syarikat Pewasapan	Pegawai Penyelia:
Tandatangan: .....	Tandatangan: .....
Nama Operator/Fumigator*:	Nama:
Nama & Alamat Syarikat:	Jawatan:
Tarikh:	Tarikh:

Sila tanda ( / ) dalam ruangan berkenaan.

JABATAN PERTANIAN SEMENANJUNG MALAYSIA  
SKIM PERAKUAN PENSIJILAN PEWASAPAN

PQ14

PEMBERITAHUAN MELAKSANAKAN PEWASAPAN OLEH SYARIKAT PEWASAPAN

Pejabat Kuarantin Tumbuhan: \_\_\_\_\_  
Nama Syarikat Pewasapan: \_\_\_\_\_  
Nama Pemegang Lesen Pewasapan: \_\_\_\_\_  
Maklumat Kerja-kerja Pewasapan yang akan dilaksanakan: \_\_\_\_\_

TARIKH RAWATAN	MASA	NO RUJUKAN	JENIS KOMODITI			PEMILIK/PENGKESPORT/PENGIMPORT	TEMPAT RAWATAN	DISTINASI
			PALLET	CRATE	LAIN			

Perakuan Syarikat Pewasapan:

Saya mengaku bahawa semua maklumat di atas adalah benar, dan saya akan mematuhi semua syarat yang dikenakan oleh Jabatan Pertanian, dan akan melaksanakan pada masa yang tersebut dan sekiranya terdapat apa-apa perubahan tarikh, waktu dan tempat rawatan, saya akan memaklumkan notis yang baru 2 jam sebelum kerja-kerja dijalankan.

**Tarikh:**

**Tandatangan Pemegang Lesen Pewasapan:**

**Cop Syarikat:**

Borang ini hendaklah dikemukakan kepada Pejabat Kuarantin Tumbuhan 48 jam sebelum melaksanakan kerja-kerja pewasapan

## REKOD RAWATAN DAN PENGGUNAAN "WOOD PACKAGING MATERIAL"

**BULAN :**

[illegible]

## ANNEX 7: INDIA

Fumigation Record (India)								
Fumigation Company/Branch						Regd. Number:		
						Date:		
Description of Goods fumigated								
Commodity	Quantity	No of Packages	Mode of Packing	Shipping marks	Container Number (s)	Place of Fumigation		
Shipment Particulars								
Vessel Name	Port of loading	Country of Export	Foreign port of shipment	Name of the Exporter	Name of the Importer			
Details of Fumigation Treatment								
Fumigant	Dosage (g/m <sup>3</sup> )	Date/Time of Starting Fumigation	Date/Time of Ending Fumigation	Temp in °C	Quantity Of fumigant	Volume/Type of Fumigation enclosure		
If Containers are not sheeted, the pressure decay (gas-tightness) value for 200-100 Pascals (in. seconds).								
Record of Monitoring gas concentration				Gas Monitor type Used:				
Date/Time	Time Interval	Readings of Sampling lines						Monitored by
		S1	S2	S3	S4	S5	S6	
	0.5 hr							
	1.0 hr							
	2.0 hrs							
	4.0 hrs							
	12.0 hrs							
	24.0 hrs							
	48.0 hrs							
Particulars of top up of fumigant at the end point of fumigation, if any undertaken								
Name & Signature of accredited Fumigation Operator with date/Accreditation Number								
Supervised by Specified Officer of Dte PPQS (Applicable in case of non-accredited agency)								

Fumigation Certificate (India)	
(Company letter head)	Treatment Certificate Number
	Date of Issue
<p><i>This is to certify that the goods described below were treated in accordance with the fumigation treatment requirements of importing country (_____) and declared that the consignment has been verified free of impervious surfaces/layers such as plastic wrapping or laminated plastic films, lacquered or painted surfaces, aluminium foil, tarred or waxed paper etc. that may adversely effect the penetration of the fumigant, prior to fumigation</i></p>	
<b>Details of Treatment</b>	
Name of Fumigant	
Date of fumigation	
Place of fumigation	
Dosage of Fumigant (g/m <sup>3</sup> )	
Duration of Fumigation (hours)	
Average ambient temperature during fumigation °C	
Fumigation performed under gastight sheets	<b>Yes/No</b>
If containers are not fumigated under gas-tight sheets, pressure decay value (from 200-100	
<b>Description of Goods</b>	
Container Number (or numerical link)/Seal	
Name & Address of exporter	
Name & Address of consignee	
Type and description of cargo	
Quantity (MTs)/ No of packages/No of pieces	
Description of packaging material	
Shipping mark or brand	
Name & Signature of Accredited Fumigation Operator with seal & date/ Accreditation	
Endorsed by Specified Officer of Dte of PPQS(Applicable only in case of non-accredited fumigation agency)	

Reporting of Stock and Use of Methyl Bromide (India)					
Name of Fumigation Company/Branch:				Month of Reporting:	
Opening stock	Qty purchased	Total Qty	Qty used	Closing Balance	
Particulars of Fumigations carried out					
IMPORTS			EXPORTS		
Commodity	Origin	Qty of	Commodity	Exported	Quantity
Total			Total		
Name & Signature of Accredited Fumigation Operator with date			Name & Signature of GM/BM of Fumigation Agency with date		