Government of **Western Australia**
Department of **Health**

FUMIGATION CLEARANCE CERTIFICATE

COMPANY DETAILS

(Pest Management Business (PMB)

Certificate number: ☐ **PMB Registration number:** ☐

TARGET OF FUMIGATION DETAILS

Target of fumigation: Commodity ◉ Packaging ○ Commodity and Packaging ○

Commodity:..... Quantity: .....

TREATMENT DETAILS

Date fumigation completed: ...../ ...../ ..... Fumigation Site: .....

Fumigant Active Ingredient: ..... Concentration: .....

Prescribed dose rate (label) (g/m^3): ..... Exposure period (hrs): .....

Forecast minimum temp (°C):..... Applied dose rate (g/m^3):.....

How was the fumigation conducted? ☐ Unsheeted container ☐ Chamber ☐ Sheeted container
☐ Pressure tested container ☐ Vessel ☐ Sheeted Stack

Container/Building/Vessel Name/Number (where applicable):.....

Does the target of the fumigation conform to the plastic wrapping, impervious surface and timber thickness requirements at the time of fumigation? Yes ☐ No ☐

GAS MONITORING RESULTS

Date	**Time**	**Location** (risk area / enclosure / goods)	**Measured Concentration** (include units, e.g. ppm, mg/m^3)

DECLARATION

By signing below, I, the Licensed Pest Management Technician responsible, declare that these details are true and correct and that the fumigation and enclosure area is now safe for re-entry.

Name of Licensed Pest Management Technician..... Licence Number.....

Signature ..... Date .....