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 31 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.

<table>
<thead>
<tr>
<th>Reason for treatment failure</th>
<th>Tick relevant reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature of at least one sensor did not meet the prescribed temperature for the nominated schedule</td>
<td></td>
</tr>
<tr>
<td>Humidity level was not reached</td>
<td></td>
</tr>
<tr>
<td>Whole treatment process lasted less than two hours</td>
<td></td>
</tr>
</tbody>
</table>

Authorised Officer name and number: ……………………………………………………………………………………………

Signature: ………………………………………………………………………………………………………………………………….. Date: ……………………………