

If the integrity of the accreditation has been significantly compromised, the non-conformance may provide grounds for the suspension or cancellation of the accreditation.

8.1.2 Incident Reports

Incident Reports may be raised by interstate quarantine authorities to report the detection of a non-conformance in produce certified under this ICA arrangement. An investigation into the incident shall be conducted and findings reported back to the originator.

If the integrity of the accreditation has been significantly compromised, the incident may provide grounds for the suspension or cancellation of the accreditation.

8.1.3 Suspension and Cancellation

DPIRD may suspend or cancel an accreditation when an accredited business is found, for example, to have:

- obtained accreditation through the provision of false or misleading information;
- not paid fees owing to the DPIRD;
- contravened an accreditation requirement that compromises the integrity of the arrangement; and/or
- not rectified a non-conformance.

Any action taken by DPIRD to suspend or cancel an accreditation shall be provided in writing to the business. This shall also provide guidance on the lodgement of a written appeal requesting that the decision be reviewed.

9. ATTACHMENTS

Attachment 1	Plant Health Interstate Assurance Certificate (completed example)
Attachment 2	Fumigation Dosage Chart (blank)
Attachment 3	Fumigation Treatment Record (blank)
Attachment 4	Gas Retention Test Certificate (blank).
Attachment 5	Thermometer Calibration Record (blank)
Attachment 6	Sensor Placement Plan

Uncontrolled copy

Plant Health Assurance Certificate (EXAMPLE)



Department of
Agriculture and Food



Certificate Number:

XXXXXX

ORIGINAL (Yellow) – Consignment Copy
DUPLICATE (Blue) – Quarantine WA Copy
TRIPLICATE (White) – Business (Book) Copy

Business Specific Information*

Dispatch Date: ____ / ____ / ____

Ref No: ____

Arrival Date: ____ / ____ / ____

PO No: ____

* These items display business specific information entered at the discretion of the consignor. They do not represent any part of the certifying conditions of the produce.

Plant Health Assurance Certificate

Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013
All accreditation details must be completed. Please print clearly and initial any alterations

Consignment Details

Consignor

Name **ABC Pty Ltd**

Address **Block Road**
Perth WA 6000

Consignee

Name Fresh Agents

Address Somewhere Road
Somewhere SA

Re-consigned To

(Splitting consignments or re-consigning whole consignments).

Name

Address

Certification Details

IP Number

W 9999

Facility Number

01

Procedure

ICA-04

Accredited Business That Prepared The Produce

Name **Mr Fumigator**

Address **Fume Lane**
Perth WA

Grower or Packer

Name **ABC Pty Ltd**

Address **Block Road**
Perth WA 6000

Other Facilities Supplying Produce

Number of Packages	Type of Packages (e.g. trays, cartons)	Type of Produce	Brand Name or identifying marks (As marked on packages)	Date Code (As marked on packages)	Authorisation for Split Consignment
144	Cartons	Apples	ABC Apples	230715	Affix Authorisation Stamp to Split / Re-consignee here

Treatment Details

Treatment	Chemical (Active Ingredient)	Treatment Date	Concentration / Duration and Temperature
Fumigation	Methyl Bromide 100%	23/07/2015	32g/m ³ @ 24°C for 2hrs

Additional Certification / Codes

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Declaration

I, an authorised Signatory of the accredited business that prepared the plants or plant produce described above, hereby declare that the plants or plant produce have been prepared in the business's approved facilities in accordance with the business's Certification Assurance arrangement and that the details shown above are true and correct in every particular. I acknowledge that it is an offence under the *Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013* to issue assurance certificates without being accredited and/ or making false statements in certificates and declarations.

Authorised Signatory's Name (Please Print)

Signature

Date

Joe Bloggs

J. Bloggs

23/07/2015

FUMIGATION DOSAGE CHART

Chamber Identification:

Total Chamber Volume:

Business Name:

IP Number: **W**

Facility Address:

.....Post Code.....

DOSAGE CHART

CONCENTRATION (g/m ³)	CALCULATED QUANTITY OF METHYL BROMIDE (gms) (required to achieve indicated concentration)
32	
40	
48	
56	

This chart is to be located in close proximity to each Fumigation Chamber

Prepared by: (Fumigators Name).

Signature: Date:

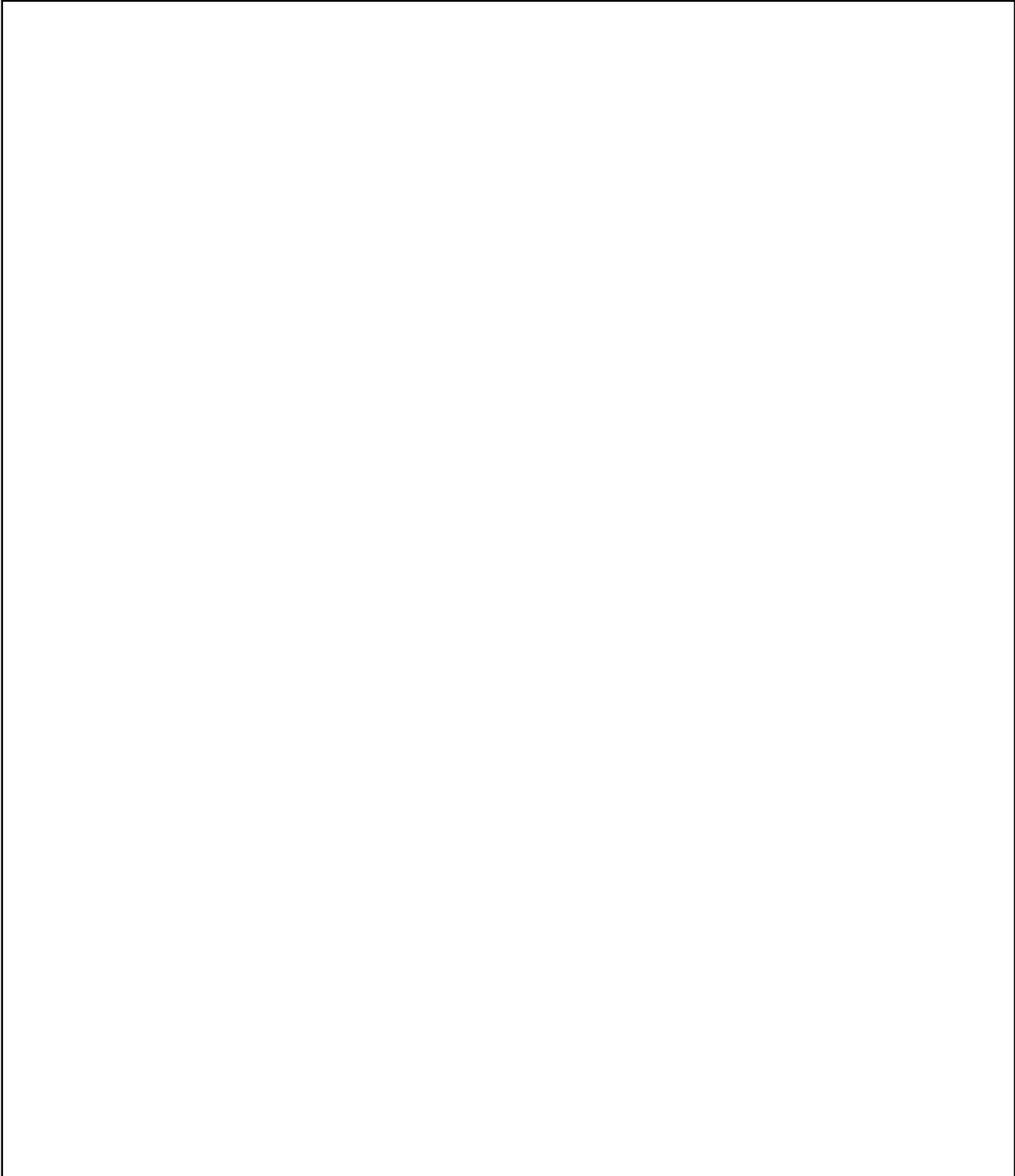
GAS RETENTION TEST CERTIFICATE

Operator of Fumigation Chamber					Interstate Produce No:	W	
Facility Address:					Chamber Identification:		
					Date of Test:		
Chamber Dimensions (internal):	Length	m	Width	m	Height	m	Chamber Volume: m ³
Fumigator's Printed Name:					External Ducting (if applicable)	m ³	
Fumigator's WADH Licence No:				Expiry Date:	/	/	Total Chamber Volume: m ³
Test Number	Fumigation Rate (g/m ³)	Quantity of Methyl Bromide added (g)	Time Vaporisation Completed	Gas Concentration at Monitoring Point(s) after 20 minutes	Gas Concentration at Monitoring Point(s) after 2 hours	Time Venting Commenced	Percentage of Methyl Bromide retained after 2 hours
<p>The fumigation chamber described above has been tested in accordance with requirements of Department of Primary Industries and Regional Development Western Australia Operational Procedure Fumigation with Methyl Bromide (ICA-04) and has been shown to achieve at least 50% retention of methyl bromide gas after 2 hours fumigation period</p>							
..... Fumigator's Name	 Signature		 Date		
..... Inspector's Name	 Signature		 Date		

Thermometer Calibration

Name of Fumigation Company or Fumigator's Business Name	Date	Thermometer Number	Temperature Reading	Variation of Temperature from Ice Point - 0°C	Name of Testing Officer (please print)	Signature of Testing Officer
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SENSOR PLACEMENT PLAN



The Sensor Placement Plan should comprise a diagram of the treatment chamber and include the location and identification of each temperature sensor.