

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 must be provided in writing to the business. This must 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
Attachment 3	Fumigation Treatment Record
Attachment 4	Chamber Test Certificate
Attachment 5	Thermometer Calibration Record
Attachment 6	Register of Authorised Inspection Persons
Attachment 7	Cut Flower Inspection Record
Attachment 8	Psyllid Identification Record
Attachment 9	Identification of Cut Flower Sample Packages

Uncontrolled copy



Department of
Primary Industries and
Regional Development

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

Certificate Number:

XXXXX

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 Facility Number Procedure

W 9999 01 ICA-65

Accredited Business That Prepared The Produce

Name **ABC Pty Ltd**Address **Block Road**
Perth WA 6000

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	Cut flowers	ABC Produce	230321	Affix Authorisation Stamp to Split / Re-consignee here

Treatment Details

Treatment	Chemical (Active Ingredient)	Treatment Date	Concentration / Duration and Temperature
Fumigation	Ethyl formate	23/3/21	25g/m³ for 1 hour @ 15°C

Additional Certification / Codes

GLXX

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 (If Name Printed)

Signature

Date

Joe Bloggs
23/03/2021

FUMIGATION DOSAGE CHART

Chamber Identification:

Total Chamber Volume:

Business Name:

IP Number: **W**

Facility Address:

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

DOSAGE CHART

MINIMUM CONCENTRATION (g/m³)	CALCULATED QUANTITY OF Fumigant (gms) (required to achieve indicated concentration)
25	

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

Prepared by: (Fumigators Name).

Signature: Date:

FUMIGATION TREATMENT RECORD – ICA-65

Owner of Fumigation Facility					Interstate Produce Number:		W	
Date of Fumigation	/ /	Chamber ID:		Chamber Volume:		m ³		
Fumigator's Name					WADH Licence No:			
Temperature Readings (°C)					Fumigation Rate:		Min. 25g/ m ³	
					Amount of Fumigant Used:			
Grower/Packer Name	Number of Packages	Product Type (eg Geraldton Wax)	Type of Packages (Cartons, Bins, etc)	Time Vaporisation Completed	Monitoring ethyl formate g/m3		Time Venting Commenced	ID Code (if applicable)
					@ 20 minutes	@ 1 hour		
Comments:								

CHAMBER TEST CERTIFICATE – ICA-65

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
Gas Retention Test							
Test Number	Fumigation Rate (g/m ³)	Quantity of Fumigant added (g)	Time Vaporisation Completed	Ethyl Formate Concentration at Monitoring Point(s) after 20 minutes	Ethyl Formate Concentration at Monitoring Point(s) after 1 hour	Time Venting Commenced	Percentage of Ethyl Formate retained after 1 hour
Pressure Decay Test							
Test Number	Pressurised to 250 Pa	Time (seconds) for pressure to decay from 200 Pa to 100 Pa	<i>Comments</i>				
	<input type="checkbox"/>						
	<input type="checkbox"/>						
<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 <i>Fumigation with Ethyl Formate (ICA-65)</i> and has been shown to achieve at least 60% retention of ethyl formate after 1 hour exposure period</p>							
..... Fumigator'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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REGISTER OF AUTHORISED INSPECTION PERSONS –ICA-65

Accredited Business Name			IP Number	W			
Date of Training	Approved Inspection Person		Authorisation by Certification Controller				
	Printed Name	Signature	Printed Name	Signature			

Note: Place a line through any entry for any person who is no longer Approved to carry out tomato potato psyllid inspections under the Business’s Interstate Certification Assurance arrangement.

CUT FLOWER INSPECTION RECORD (ICA-65)

Date of Inspection:		Package Identification			
Place of Inspection:		IP Number:	W		
Name of Authorised Inspection Person:		PHAC No(s):			
Inspection Rate	<input type="checkbox"/> 600 Unit <input type="checkbox"/> 2 %	Name & Address of Grower and / or Packer: <small>(if multiple, list in comments/findings column)</small>			
Notes:		Carrier nursery stock Type: <small>(if multiple, list in comments/findings column)</small>			
Total Number of Packages in Lot / Consignment: <small>(list separately if multiple commodities)</small>					
Package No.	Number of Units	Total Number of Units	Comments/Findings		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
17					
18					
19					
20					
21					
Pass		Fail		Signature of Authorised Inspection Person:	
Actions resulting from a suspected detection of a quarantine pest					

PSYLLID IDENTIFICATION RECORD – ICA-65

APPROVED INSPECTION PERSON DETAILS			
Approved Inspection Person Name	<input style="width: 95%;" type="text"/>	IP Number of Accredited Business	<input style="width: 95%;" type="text" value="W"/>
Name and address of grower/packer or IP number of the produce that sample was taken	<input style="width: 95%;" type="text"/>	Type of produce & quantity from which sample was taken	Type of produce:
			Quantity of produce:
Date sample was taken	<input style="width: 95%;" type="text"/>	Date sample was submitted to Diagnostician	<input style="width: 95%;" type="text"/>
Contact Telephone No	<input style="width: 95%;" type="text"/>	Email/Fax No	<input style="width: 95%;" type="text"/>
SAMPLE DETAILS			
Type of Sample: <small>(e.g. insect, leaves, seeds)</small>	<input style="width: 95%;" type="text"/>		
Diagnosis request: <small>(e.g. identify insect, disease, seed)</small>	<input style="width: 95%;" type="text"/>		
<p>Sample details:</p> <p>Describe where, when and how the sample was taken. Include the type produce or crop the sample was taken from, who took the sample and why diagnosis is required.</p>	<input style="width: 95%; height: 80px;" type="text"/>		
DIAGNOSIS DETAILS - For Diagnostician Use Only			
Date Sample Received	<input style="width: 95%;" type="text"/>	Date Sample Diagnosed	<input style="width: 95%;" type="text"/>
Diagnosis Result	<input style="width: 95%; height: 30px;" type="text"/>		
Method of Diagnosis	<input style="width: 95%; height: 30px;" type="text"/>		
Comments	<input style="width: 95%; height: 30px;" type="text"/>		
Diagnostician Name	<input style="width: 95%;" type="text"/>	Diagnostician Position	<input style="width: 95%;" type="text"/>
Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>

IDENTIFICATION OF PACKED PRODUCT SAMPLE PACKAGES

Marking Sample Packages after Packed Product Inspection

Following inspection, the Packed Product Controller must:

- (a) mark one end of each sample package by applying a stamp or sticker with the PPS Number (Packed Product Sample Number) and their initials as shown below; and
- (b) ensure that the PPS Number stamp or sticker is visible on the exposed end of the package when the package is assembled on the pallet.

Stamp or Sticker Design (Example Only)



Completed Stamp or Sticker (Example Only)

