

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

8.3 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 will 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	Chamber Test Certificate (blank).
Attachment 5	Thermometer Calibration Record (blank)
Attachment 6	Register of Authorised Inspection Persons (blank)
Attachment 7	Pre-treatment Fruit Fly Inspection Record (blank)
Attachment 8	Weighing Equipment Calibration Record (blank)

PLANT HEALTH ASSURANCE CERTIFICATE (ICA04 EXAMPLE)



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 VIC**

Re-consigned To

(Splitting consignments or re-consigning whole consignments).

Name

Address

Certification Details

IP Number

Facility Number

Procedure

w 9999**01****ICA-04**

Accredited Business That Prepared The Produce

Name **Mr Fulmie**Address **Fulme Lane****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	Methyl Bromide 100%	23/3/21	32g/m³ for 2 hour @ 24°C

Additional Certification / Codes

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

CONCENTRATION (g/m³)	CALCULATED QUANTITY OF METHYL BROMIDE (g) (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:

FUMIGATION TREATMENT RECORD

Fumigation Details									
Owner of Fumigation Facility						Interstate Produce Number:	W		
Date of Fumigation	/	/	Chamber ID:			Chamber Volume:	m ³		
Fumigator's Name				WADH Licence No:					
Ambient Temp	°C	Maximum Temperature	°C	Minimum Temperature	°C	Fumigation Rate:	g/m ³ hrs		
Time Vaporisation Complete	:			Time of Venting	:			Amount of Fumigant Used:	g
Grower / Packer Name	# and type of packages	Product Type (e.g. Banana)	Total volume of load (m3)	Chamber Loading (% of produce)	Produce temp Readings (°C)				
					1	2	3		

Concentration Readings					
Time of reading	Reading g/m ³	Equilib %	% Original		
				1	2
Start	:				
End 2hrs after Start	:				

$$\text{Equilibrium \%} = \frac{\text{Highest Reading} - \text{Lowest Reading}}{\text{Lowest Reading}} \times 100$$

$$\text{\% Original dosage} = \frac{\text{Original Dosage}}{100} \times \text{Lowest Reading}$$

Result	
Pass <input type="checkbox"/>	Comments
Fail <input type="checkbox"/>	
Fumigator Signature	

CHAMBER 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	m ³		
Fumigator's WADH Licence No:			Expiry Date:	/ /	Total Chamber Volume:	m ³		

Perform 1 (one) of the following options

Option 1 (Gas Retention Test)										
Methyl Bromide Dosing				Methyl Bromide Concentrations						
Test Number	Fumigation Rate (g/m ³)	Quantity of Fumigant added (g)	Time Vaporisation Completed	15-30 minutes after Vaporisation Finished (Start Point) (g/m ³)				(End of Exposure) 2 Hours after 'Start Point' (g/m ³)	Percentage retained after 2 hr exposure period	Time Venting Commenced
				1	2	3	Equilibrium Calculation %			
			:							:
			:							:
			:							:

Option 2 (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"/>		
	<input type="checkbox"/>		

The fumigation chamber described above has been tested in accordance with requirements of Department of Primary Industries and Regional Development, Western Australia Operational Procedure ' Treatment of Potential Carriers (Fumigation with Methyl Bromide) (QF-T2) ' using one of the above options and has been shown to achieve at least 60% retention of methyl bromide after 2 hour exposure period.	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 (ICA04)

Accredited Business Name	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 Authorised to carry out inspections under the business’s Interstate Certification Assurance arrangement.

PRE-TREATMENT FRUIT FLY INSPECTION RECORD (ICA66)

To be completed prior to fumigation of High-risk products

Inspection						Authorised Inspection Person	
Inspection date	Produce type	Grower/ Packer for each Inspection lot	Number packages sampled	Inspection results (Pass / Fail)	Comments	Name	Signature

WEIGHING EQUIPMENT CALIBRATION RECORD

Date of test	Equipment type	Calibration result			Adjustment	Comments	Testing Person	
		Test 1	Test 2	Test 3			Name	Signature

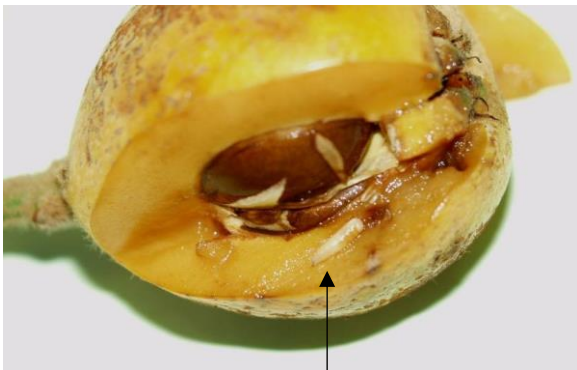
INSPECTION FOR FRUIT FLY INFORMATION SHEET

(Images courtesy of Department of Environment and Primary Industries, Victoria)

Larvae and sting marks



Sting marks



Larvae