

FUMIGATION REQUEST FORM

ISPM15 - Methyl Bromide

To: TriCal Australia **Fax:** (08) 8347 1093
Email: fumigators@trical.com.au **Phone:** (08) 8347 3838

From: **Date:** **Time:**
Phone: **Contact:**

Cert Name:

Standard Pallets

Skid Pallets

Date/Time Avail

**Stacks/Crates
Volume m³**

Goods Urgent

YES

NO

OFFICE USE ONLY

Accredited Person:			
Commodity:			
Fumigation Start Date:			
Fumigation Start Time:			
Temperature:	°C	Heated Temp:	°C (below 10°C)
Volume:	m ³		
Dose:	gm/m ³		
Quantity Used:	KG		
Chamber:	M1	C1	C2
Readings:			
Stamping Preference:			
FID:			