

COMPANY LETTERHEAD

(including address as it appears on the treatment providers list).

HEAT TREATMENT CERTIFICATE

Certificate number:

Registration
Number:

CONSIGNMENT DETAILS

Target of treatment: ☐ Commodity ☐ Packaging ☐ Container

Target description: Quantity:

Consignment link:

Country of origin: Port of loading: Country of destination:

Name and address of exporter:

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Name and address of importer:

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TREATMENT DETAILS

Date heat treatment completed: / / Time heat treatment completed:

Location of heat treatment Exposure period (☐ minutes or ☐ hours):

Required temperature (☐ °C or ☐ °F): Minimum temperature achieved (☐ °C or ☐ °F):

Humidity Rate (☐ % or ☐ not applicable) Minimum humidity Rate (☐ % or ☐ not applicable)

Heat treatment method: ☐ Forced dry air ☐ Kiln drying ☐ Humidity controlled forced air / Variable humidity

Enclosure type ☐ Chamber ☐ Container ☐ Sheeted

DECLARATION

By signing below, I, the accredited treatment provider responsible, declare that these details are true and correct and the treatment has been carried out in accordance with the Heat Treatment Methodology.

ADDITIONAL DECLARATIONS

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Signature

Date

Name of Accredited Treatment Provider

Accreditation Number

Company stamp