



Application for a Fumigation Site OR Request to Amend an Approved Fumigation Site

Please read below:

This form must be completed by the registered proprietor of the Pest Management Business and the Licensed Pest Management Technician that has been assigned the Fumigator in Charge.

Before completing this form you must have completed and documented:

- A site-specific detailed Risk Assessment
- A site-specific detailed Fumigation Plan
- A detailed site specific Emergency Management Plan (EMP) specific for the Fumigant(s) and fumigation activity(s) on the site

Each fumigation site requires individual approval:

- A separate application form is required for each fumigation site.
- Approval for a fumigation site and the respective conditions are **not transferrable** to another pest management business.

Fumigation approval amendments: All items for amendment must be ***highlighted*** on the application form.

Estimated timeframes for approval: Allow 20 working days for sites located in the metropolitan area and 25 working days for sites located outside the metropolitan area. **Processing times commence when all required information has been received.**

1 Fumigation Site

(a) Physical location of the fumigation site

Workplace Name:			
Person in charge of the workplace:			
Postal Address			
Street Address:			
Phone / Mob#		Email:	
What is the workplace's core business? <i>e.g. logistics</i>			

Is the fumigation enclosure inside another building (e.g. warehouse)?

Yes No

Are there any other tenants / businesses who are co-located on the property?

Yes No

Provide the following details for all businesses at the business location:

Business Operation	Distance from fumigation	Working Days & Hours (including cleaning and maintenance staff)

Attached one or more **detailed** maps of the location of the proposed fumigation area and its surrounds, including information from Section 3.

(b) Previous Approvals

Have fumigation conditions previously been issued for the premises?

Yes No

If 'Yes', state pest management business name and year of approval:

(name)	(year)
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(c) Period of Proposed Fumigation

Permanent Approval Approval for a Specific Period Single Once-Off Approval

Proposed Fumigation Dates	(start)	(end)
Time of day		
Days of week		

(d) Pesticide Management Business(PMB)

PMB Name:		Reg No:	
Assigned FiC		FiC Lic No	
FiC Email:		FiC Mob#	

Names of All Licenced Fumigators

Names	Licence Numbers

Names of All Qualified Persons/ Fumigator's Assistants

Names	Licence Numbers (if applicable)

Note: Attach a separate page for additional Licensed Pest Management Technicians and Qualified Person(s) participating and assisting in the fumigation(s).

(e) Training for qualified assistants

All Qualified Assistant(s) (QA) are trained in the following:

- Senior first aid
- Fumigation procedures
- Emergency procedures
- Fitted and trained in the selection, use and maintenance of respiratory protective equipment

2 Fumigation activity.

Fumigant to be used:

- 98% Me BR 100% Me Br Sulfuryl Fluoride Other

Where is the fumigant being released?

- Soil stack container ship chamber
 building sheet enclosure silo Other

What are the commodities being fumigated?

Commodity	Packaging	How Often (once, daily, weekly, etc.)

(g) Site Security

Is the site secured with a minimum intact fence height of 1.83m?

- Yes No

Does the site have lockable gates on all entry points?

- Yes No

If site is NOT secured please provide details on how the site will be made secured and whether a guard be employed during the fumigation.

3. Adjacent Land Use

Is the proposed site within a public water drinking supply catchment area?

- Yes No

If 'Yes,' please provide details: _____

Are there any residences or other sensitive receptors within 100 metres of the fumigation site?

- Yes No

List the occupants or surrounding land use, at least up to 100 metres around the fumigation site (e.g. street, park, hospitals, schools, childcare centres, public open spaces, rivers, lakes etc.):

	Land Use	Distance in metres
North:		
South:		
East:		
West:		

Note: These should also be included in a site map submitted with your application.

Provide additional details below on business operating hours for workplaces within 30 metres of the fumigation site (boundary fence):

	Premises within 30 metres	Staff Working Days Hours (including cleaning and maintenance staff)
North:		
South:		
East:		
West:		

4. Other Agencies Fumigation Support

Other mandatory approvals may be required prior to fumigation site approval. DOH can only approve fumigation sites once written confirmation is received noting fumigation activities are permitted/supported/approved by other relevant agencies. A copy of any approval/confirmation or permit must be provided to DOH.

Have you applied for approval from any of the following agencies (*tick all that apply*)?

- Local government
- Port Authority
- Department of Primary Industry and Regional Development WA (DPIRD)
- Department of Agriculture and Water Resources (Commonwealth) (DAWR)
- Department of Mines Industry Regulation & Safety WA (DMIRS) – WorkSafe & DG
- Other _____ (e.g. Dept of Water and Environment and Regulation WA (DWER))

For fumigation trials /research:

- Minor Use Permit has been obtained from the Australian Pesticides and Veterinary Medicines Authority Minor Use Permit

5. Business Workplace Declaration:

I, the responsible person for the workplace and site have reviewed the application and the information provided is true and correct.

Workplace Site Manager / OHS Manager

_____ Signature _____ Date _____
Full print name

Workplace CEO / Managing Director

_____ Signature _____ Date _____
Full print name

6. Application Declaration – Registered Pest Management Business

Application is hereby made for amendment to the pest management business registration for the purpose of Part III Division 2 of the *Health (Pesticides) Regulations 2011*.

YOU MUST TICK ALL THE RELEVANT BOXES

I, the registered proprietor of the pest management business and the licensed pest management technician (assigned Fumigator In-Charge) and where the fumigation is intended, declare that:

- The detailed site-specific plans, maps and figures are attached with scaled measurements in standard metres, millimetres.
- The site specific risk assessment, fumigation plan and emergency management plan (including emergency venting) have been completed and they comply with [Health \(Pesticides\) Regulations 2011, Department of Primary Industry and Resources ICA-04 WA, Department of Agriculture and Water Resources Standards and Documents for Biosecurity Treatments](#) and AS2476-2008 General Fumigation, Sections 2.2 & 2.3.
- All **formal supporting approval, permit and confirmation documents** from the relevant agency(s) are attached; and

The information contained in this application is true and correct in every particular.

Assigned Fumigator In-Charge / Licenced Technician

_____ Signature _____ Date _____
Full print name

Registered Proprietor

_____ Signature _____ Date _____
Full print name

6. Completed form and all supporting documents can be emailed or posted to:

Environmental Health Directorate
Department of Health
pesticidesafety@health.wa.gov.au

PH: (08) 9222-2000

Postal address: PO Box 8179
Perth Business Centre WA 6849

Street address: 189 Royal Street, East Perth
Internet: health.wa.gov.au

Attachments

1. Detailed Site Plans

Please attach **detailed site** plans that include all neighbours, sensitive receptors and residents. For example, floor and elevation plans. **All measurements** (height, depth, width) are in metres with the information clearly marked and legible.

Minimum requirements :

- Location and dimensions of the fumigation exclusion area
 - Location and size of chemical store and all infrastructure and buildings within the fumigation exclusion area.
 - Distance from the boundary of the fumigation area to each property boundary and all other property building structures and fixtures.
 - Designated risk area (marked) within the fumigation exclusion area
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N



2. Add additional sheets as required including formal confirmation of support, permits, directive from respective all agency(s).

This document can be made available in alternative formats on request for a person with a disability.

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