**Registers & Files to be maintained by All Fumigation Agencies**

**(Separate records for MBr/Alp)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name of registers/subject**  | **S.No.** | **Name of files with subject** |
| **1.** | Master Register | **1.** | Establishment file (Lease agreement, Electricity bills, appointment letters of staff and organisational chart etc.) |
| **2.** | Attendance Register **(common)** | **2.** | Records of accreditation/renewal (application fee details etc.) |
| **3.** | Equipment Stock Register | **3.** | Accreditation certificate of Agency,AFO ,State Licence along with principal certificate file. |
| **4.** | Fumigant Stock Register  | **4.** | Invoice /bill file of various purchases(except Fumigants) |
| **5.** | Fumigation Record Register **(Main)** | **5.** | Invoices/bills of fumigants purchases |
| **5(A)** | Domestic Treatment Record Register **(for ALP)** | **6.** | **Fumigation certificate file (MBr and ALP)**Fumigation Certificate, Check list, Treatment records with enclosure & other details |
| **5(B)** | Fumigation Record Register for Australia **(applicable for AFAS accredited F. agency only))** | **7.** | Calibration certificate and maintenance of equipment’s file |
| **6.** | Equipment calibrations/Maintenance record Register | **8.** | Medical check-up register file |
| **7.** | Non Compliance Record Register | **9.** | Training records file |
| **8.** | Periodical Training Register | **10.** | Non-compliance record file |
| **09.** | Periodical Medical Check-up Register | **11.** | Monthly report details |
| **10.** | Weather Data Records Register |  |  |
| **MR-01 Master Register**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of Register/Subject** | **Code of Register** | **No. of Pages** | **Signature** (Branch manager) |
|  |  |  |  |  |
|  |  |  |  |  |

**Details of accreditation audit/inspection conducted**(This details maintained in Master Register in first page after page certification) |
| **S.No.** | Reference of nomination letter &date | Name of officers who conducted the audit | Type of audit(Accred./renewal/Reinstatement etc. | Date of audit | Period of Audit | **Signature** (Branch manager) | Signature of audtor |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**AR-02 Attendance Register**

**ESR-03 Equipment Stock Register** (Index in first page after page certification)

**Name of Equipment with specification: ……………………………………**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**  | **From whom purchase** | **Invoice No.& Date** | **Qty**  | **Total Qty** | **Qty. issued** | **Qty. balance** | **Signature** (Branch manager) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**FSR-04 Fumigant Stock Register** (Daily Stock & Use of Fumigant)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Opening Balance of Fumigant ALP/MBr)** | **Purchased Qty. with Invoice No.& date**  | **Mode of payments****(with details)** | **Total Qty.** | **Qty. used** | **Closing Balance** | **Signature** (Branch manager) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**FRR-05 Fumigation Record Register :Import/Export** (Particulars of fumigation carried out )

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. N.** | **Certificate No. & Date** | **Commodity** | **Quantity & Volume** | **Country of Import** | **Dose of MBr/ALP applied** | **Total quantity of MBr/ALP used** | **Name of Fumigation Operator** | **Signature****(F. Operator)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**TRR-05A Treatmnt Record Register(ALP) :** (Particulars of treatment carried out **Domestically**)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. N.** | **Certificate No. & Date****(if issued)** | **Commodity** | **Quantity & Volume** | **Place of treatments** | **Dose of ALP applied** | **Total quantity of ALP used** | **Name of Fumigation Operator** | Signature(F. Operator) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**FRRA-05B Fumigation Record Register Australia (AFAS accredited F.agency)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. N.** | **Certificate No. & Date** | **Commodity** | **Quantity & Volume** | **Country of Import** | **Dose of MBr/ALP applied** | **Total quantity of MBr/ALP used** | **Name of Fumigation Operator** | **Signature****(F. Operator)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**ECMR-06 Equipment Calibrations/Maintenance Record Register**

**Name of equipment with Specification:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Equipment sent for calibration/ servicing** | **Date of calibrations/****servicing** | **Calibrated /serviced by** | **Period of calibration/****servicing** | **Date Equipment****received back after calibration** | **Next due date****of calibration/****servicing** | **Mode of payments****(with details)** | **Certificate No.& Date** | **Signature****(B.Manager)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**NCR-07 Non-Compliance Record Register**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **NCs No. & Date**  | **Country** | **Commodity** | **Nature of NCs** | **Present status of Agency**  | **Signature****(Branch manager)** |
| **Opera-tional /****Active** | **Suspended/****Withdrawn Date & Letter No.** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PTR-08**

**Periodical Training Register (Monthly)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Employees with Designation** | **Date of training** | **Topic** | **Name of expert /trainer** | **Next due date of training** | **Signature of participants** | **Signature****(Branch manager)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PMR-09 Periodical Medical Check-up Register (Six monthly)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Employee with Designation** | **Date of check-up** | **Check-up by** **Name of Doctor****(not below MBBS)** | **Health Status of employee**  | **Certificate reference No.&date** | **Next due date of check-up**  | **Signature****(Branch manager)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **WDR-10 Weather Data Record Register**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Relative Humidity (%)** | **Temperature (0C)** | **Minimum forecast Temperature (0C)**(during exposure period) | **Signature****(F. Operator)** |
| **Minimum** | **Maximum** | **average** | **Minimum** | **Maximum** | **average** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Note: T**he Branch Manager with Signature & official seal must do Page certification in all register.

**Registers & Files to be maintained by all FHAT facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name of registers/subject**  | **S.No.** | **Name of files with subject** |
| **1.** | Master Register | **1.** | Establishment file (Lease agreement, Electricity bills, appointment letters of staff &organisational chart etc.) |
| **2.** | Attendance Register | **2.** | Records of accreditation/renewal(application fee details, PPT etc.) |
| **3.** | Equipment Register | **3.** | Accreditation certificate of Firm and operator. |
| **4.** | Treatment Record Register | **4.** | Invoice /bill file of various purchases |
| **5.** | Equipment calibrations/Maintenance record Register | **5.** | **Treatment certificate file** Treatment Certificate, Treatment records, Graph & other relevant details |
| **6.** | Periodical Training Register | **6.** | Calibration certificate and maintenance of equipment’s file |
| **7.** | Periodical Medical Check-up Register | **7.** | Medical check-up register file |
| **8.** | Non Compliance Record Register | **8.** | Training records file |
|  |  | **9.** | Non-compliance ,show cause &suspension record file |
|  |  | **10.** | Monthly treatment report file |
| **MR-01 Master Register**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of Register/Subject** | **Code of Register** | **No of Pages** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |

**Details of accreditation audit/inspection conducted**(This details maintained in Master Register in first page after page certification) |
| **S.No.** | Reference of nomination letter &date | **Name of officers who conducted the audit** | Type of audit(Accred./renewal/Reinstatement etc. | Date of audit | Period of Audit | Signature of auditor |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**AR-02 Attendance Register**

**ER-03 Equipment Register**

(Index in first page after page certification)

**Name of Equipment with specification: ………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **From whom purchase with Invoice No.& Date** | **Qty purchased.** | **Total Qty** | **Signature**(Branch manager) |
|  |  |  |  |  |
|  |  |  |  |  |

**TRR-04 Treatment Record Register**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Date of treatm-****-ent** | **Batch No.** | **Country** | **Commodity& Qty Treated** | **Name of client/ Exporter** | **Treatment details** | **Moisture %** | **Certificate** **No. & Date** | **Signature**(Operator) |
| **ST** | **ATT.** | **DT** | **Before** | **After** |

**ECMR-05 Equipment Calibrations/Maintenance Record Register**

**Name of equipment with Specification:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Equipment sent for calibration/ servicing** | **Date of calibrations/****servicing** | **Calibrated /serviced by** | **Period of calibration/****servicing** | **Date Equipment****received back after calibration** | **Next due date****of calibration/****servicing** | **Mode of payments****(with details)** | **Certificate No.& Date** | **Signature****(Manager)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**PTR-06 Periodical Training Register (Six monthly)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Employees** **with Designation** | **Date of training** | **Topic** | **Name of expert /trainer** | **Next due date of training** | **Signature of participants** | **Signature****(Manager)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PMR-07 Periodical Medical Check-up Register(Six monthly)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Employee with Designation** | **Date of check-up** | **Check-up by** **Name of Doctor****(not below MBBS)** | **Health Status of employee**  | **Certificate reference No.&date** | **Next due date of check-up** | **Signature****(Manager)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**NCR-08 Non-Compliance Record Register**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **NCs No. & Date**  | **Country** | **Commodity** | **Nature of NCs** | **Present status of Agency**  | **Signature****(Manager)** |
| **Opera-tional /****Active** | **Suspended/****Withdrawn Date & Letter No.** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Note:** Page certification in all register must be done by the Branch Manager with Signature & official seal