

Appendix A

Forms

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This Appendix contains example forms and instructions for completing the forms you may need when conducting or monitoring a fumigation.

APHIS Form 2061 (Residue Sample for Food or Feed Product)

The APHIS Form 2061 has been removed from this manual. Contact the Manuals Unit to obtain a copy and instructions for use.

APHIS Form 207-R, Sensor Location Diagram Fruit Weights and Pulp Temperatures

SENSOR LOCATION DIAGRAM FRUIT WEIGHTS AND PULP TEMPERATURES			USDA-APHIS	1. DATE
2. NAME OF FACILITY		3. TANK NUMBER		4. TEST NUMBER
INSTRUCTIONS				
<p>Show sensor numbers, and their approximate location within each basket. (Use three or four sensors per basket.) Place an asterisk (*) beside fruit pulp sensors. (Use one or two per test.) Indicate, by arrow, the direction of water flow in the tank. (If the tank is of an unusual shape (e.g., round) please use the reverse side of this form to draw a diagram, showing position of baskets and sensors.)</p>				
BASKET NO. 1	BASKET NO. 2	BASKET NO. 3	BASKET NO. 4	BASKET NO. 5
5. WEIGHT (g) OF 10 FRUITS SELECTED AT RANDOM		6. WEIGHT (g) OF 5 LARGEST FRUITS	7. FRUIT PULP TEMPERATURES (Taken at random)	8. NET WEIGHT OF A TYPICAL FIELD CRATE OF MANGOES
				9. NUMBER OF FIELD CRATES PER LOADED BASKET
MEAN WT. =		MEAN WT. =	MEAN TEMP. =	
(g)				
10. REMARKS				

APHIS FORM 207-R (OCT 95) (Previous edition is obsolete)

FIGURE A-1-3: APHIS Form 207-R, Sensor Location Diagram Fruit Weights and Pulp Temperatures

APHIS Form 208, Performance Test for Mango Hot Water Immersion Tank

PERFORMANCE TEST FOR MANGO HOT WATER IMMERSION TANK		<small>USDA-APHIS</small>	<small>1. DATE OF TEST</small>
2. NAME OF FACILITY		3. LOCATION	
4. NAME OF FACILITY MANAGER (Type or print)			
5. TELEPHONE NUMBER ()		6. FAX NUMBER ()	
7. FRUIT VARIETY		8. STAGE OF RIPENESS	
9. TEMPERATURES AT START OF TEST			
9A. THERMOSTATIC SET POINT	9B. WATER IN THE TANK	9C. FRUIT PULP (Average)	9D. AMBIENT AIR
10. SIGNATURE OF INSPECTOR		11. NAME OF INSPECTOR (Type or print)	
12. NOTES			

BASKET NO.: _____ **TANK NO.:** _____ **TEST NO.:** _____

Readings taken at specific times (minutes) before calibration adjustment (if any). Use 1 or 2 pulp sensors per tank. Indicate pulp sensors with an asterisk (*).

PORTABLE SENSOR NO. <small>(Use at least 3)</small>	CALIBRATION ADJUSTMENT		0-1	1-2	2-3	3-4	5	30	60	75	90
		TIME									
		TEMP.									
		TIME									
		TEMP.									
		TIME									
		TEMP.									
		TIME									
		TEMP.									

Location of Temperature Sensors in Containerized Cargo (Cold Treatment)

LOCATION OF TEMPERATURE SENSORS IN CONTAINERIZED CARGO

NAME OF VESSEL _____

CONTAINER NUMBER _____

PROBE 1 _____

PROBE 2 _____

PROBE 3 _____

SIGNATURE: _____ DATE: _____

TITLE: _____

FIGURE A-1-5: Location of Temperature Sensors in Containerized Cargo (Cold Treatment)

PPQ Form 429, Fumigation Record

Example

FUMIGATION RECORD		USDA-APHIS		1. STATION REPORTING		2. PEST AND INTERCEPTION NUMBER	
3. CARRIER		4. DATE OF ARRIVAL		5. DATE INTERCEPTED		6. ORIGIN	
7. PLACE OF ARRIVAL		8. DATE CONFIRMED		9. PORT OF LADING		10. FUMIGATION CONTRACTOR	
11. DATE FUMIGATION ORDERED		12. COMMODITY		13. FUMIGATION SITE		14. DATE FUMIGATED	
15. QUANTITY		16. MARKS		17. BL. NO.		18. ENTRY NO.	
19. SHIPPER		20. CONSIGNEE		21. FUMIGANT AND TREATMENT SCHEDULE		22. TEMPERATURE	
a. Space		b. Commodity		23. GAS ANALYZER (Type and Ser. No.)		24. ENCLOSURE	
25. WEATHER CONDITIONS		26. CUBIC CAPACITY		27. TREATMENT UNDER SECTION 18 EXEMPTION		28. NO. OF FANS	
29. TOTAL CFM'S FANS		30. TIME FANS OPERATED		31. FOOD OR FEED COMMODITY		32. GAS INTRODUCTION	
a. Start		b. Finish		33. AMT. GAS INTRODUCED		34. GAS ADDED	
35. RESIDUE SAMPLE TAKEN		Sample No.		36. (DATE-TIME)		37. PLACEMENT OF TEST LINES	
39. DETECTOR TUBE READINGS (PPM)		40. REMARKS		41. CALCULATIONS		42. SIGNATURE OF INSPECTOR	
DATE		43. SIGNATURE OF REVIEWER		DATE		PPQ FORM 429 (MAR 92)	

FIGURE A-1-6: Example of PPQ Form 429, Fumigation Record (Front)

Example (Back)

TARPAULIN FUMIGATION			
<p>NOTE: <i>In preparation for the fumigation and prior to site selection the officer should have determined (1) the immediate pest risk associated with the infested commodity, (2) the temperature requirements for the fumigation, and (3) the permeability of the packaging.</i></p>			
<p>CHECKLIST OF MATERIALS AND PROCEDURES (Consider each of the listed items when performing a fumigation.)</p>			
MATERIALS			
FUMIGATOR			PPO
Tarpaulin	Tarpaulin Supports	Volatilizer	Gas Analyzer
Sand Snakes	Fans	Heat Supply	Driente
Water Snakes	Extension Cords	Exhaust Fans	
Loose Sand	2-3 Prong Plug Adapters	Sampling Tubes	Self Contained (SCBA) Breathing Apparatus
Burlap / Padding	Fumigant	Scale	Halide Detector
Masking Tape	Gas Introduction Line	Fumigation Placards	Tape Measure
Pesticide & Spray Equipment	T/C Gas Analyzer	SCBA - Self Contained Breathing Apparatus	Thermometer
			Gas Detector Kit and Detector Tubes
PROCEDURES (SECTION III TREATMENT MANUAL)			
PREPARATION		FUMIGATION	
1. SITE SELECTION Ventilated Area Sheltered Area Impervious Surface Non-work Area Proximity to Electrical Source Proximity to Commodity	3. TARPAULIN ENCLOSURE A. COVER Condition Air Space, Above Load Floor Area 30 cm (12") Space Around Load Overlap 45 cm (18") Border B. SNAKES Contact Along Sides Contact Around Corners Overlap 15 cm (6") Minimum C. SAND Penmeter D. ADHESIVE Penmeter	4. TREATMENT SCHEDULE DETERMINATION Plant Pest Commodity Temperature Space Temperature Volume Determination Sorptive Commodity Amount of Fumigant 5. FUMIGANT INTRODUCTION Area Clear of Unauthorized Personnel Cover condition Fan Operation Contaminant Gases Fumigant Cylinder Weight Gas Line Connections Volatilizer Heated	Introduction Rate Check for Leaks 6. SAFETY Gas Detection Tests 7. CONCENTRATION READINGS T/C Gas Analyzer Standardization Time Intervals Gas Distribution Maximum / Minimum 8. AERATION (MULTIPLE STACKS) Exhaust Fan(s) Exhaust Tube(s) Exhausted in a Non-fumigation Area Negligible Gas Readings Before Tarpaulin Removal Halide or Other Detector Tests
PPQ FORM 429 (Reverse)		* U.S. GOVERNMENT PRINTING OFFICE: 1997 417-294/60024	

FIGURE A-1-7: Example of PPQ Form 429, Fumigation Record (Back)

Purpose

This form is to be used as a station record for all treatments conducted in approved chambers or in temporary enclosures (tarpaulin, in containers, truck vans, railroad cars, ships, warehouses, or other enclosures). Treatments conducted under temporary enclosures require minimum gas concentration readings be reported.



Important

Aircraft fumigation is not authorized.

Block	Instruction
1	Fill in.
2	Fill in scientific name(s) of pest or simply “precautionary” when fumigation is mandatory as a condition of entry or movement. Include station interception number(s) if fumigation is based on pest findings.
3-20	Fill in. In completing Block 12, if the commodity is a fruit or vegetable, enter the common name. The common name is more descriptive. If available, include the variety. By using common names and names of varieties, tolerances to the fumigant can be better predicted.
21	Fill in fumigant (for example, MB, CB, PH, EO, or SF), schedule number, dosage rate, and exposure period (4 lbs/1,000 ft ³ for 12 hours).
22	Fill in beginning temperatures in space under enclosure (a) and commodity temperature (b). Specify Centigrade or Fahrenheit.
23	Fill in type of thermal conductivity unit used (Fumiscope® or Gow-Mac®) and the serial number of the conductivity unit.
24	Fill in chamber, tarpaulin, structure, or type of carrier such as truck van, railroad car, or ship. If a container was used, indicate if covered by tarpaulin. Fill in type of tarpaulin used—single or multiple-use and the thickness (4 mil or 6 mil).
25	If treatment is conducted outside, fill in the weather conditions.
26	Fill in.
27	If commodity is treated under APHIS Section 18 Exemption, check “yes.” If commodity is treated at label dosage or less, check “no.”
28-30	Fill in.
31	If food or feed, check “yes.” If nonfood/nonfeed, check “no.”
32	Record time gas introduction started (a) and finished (b). Treatment does not start until gas is completely introduced in the chamber or enclosure.
33	When the fumigant dosage is calculated by weight, fill in the dosage to the nearest quarter pound. If liquid measures are needed, convert from weight to volume by using the conversion table in Appendix D.
34	If additional gas is required, note under Remarks (Block 40) and show calculations (Block 41).
35	Check appropriate box. Sample number refers to Block 7 on APHIS Form 2061 (Residue Sample for Food or Feed Product).
36	Record the date and time you take concentration readings. Treatment schedules specify when to take concentration readings.
37	Fumigants such as methyl bromide may be read and recorded directly from the gas analyzer. However, readings for fumigants such as sulfuryl fluoride must be corrected to get the true concentration reading. Each gas analyzer used for fumigants other than methyl bromide is calibrated with a correction factor. The factor is multiplied times the reading, to give the actual concentration. Record phosphine gas concentrations as ppm as determined by detector tubes. Specify where the gas sampling line was placed: space or commodity. Use at least three lines. Use additional lines as needed.
38	Fill in.
39	Fill in time as well as the reading. Refer to the section in the manual that is tabbed “Aeration” for guidelines.
40	Note any unusual events that occurred during the treatment. When it is necessary to abort a fumigation, details concerning the termination of the treatment should be reported in this block.

Block	Instruction
41	Show all calculations used in determining the volume of temporary enclosures. Also show calculations when additional gas is added.
42-43	Sign and date.
Reverse Side	Use as a check list.

Distribution

Give the original and one copy to your supervisor for review. The supervisor should keep the original for port files and send one copy to:

USDA, APHIS, PPQ, CPHST
Treatment Quality Assurance Unit
1730 Varsity Drive, Suite 400
Raleigh, NC 27606

PPQ Form 519, Compliance Agreement

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE COMPLIANCE AGREEMENT		FORM APPROVED OMB NUMBER 0578-0064
		According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0064. The time required to complete this information collection is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
1. NAME AND MAILING ADDRESS OF PERSON OR FIRM		2. LOCATION
3. REGULATED ARTICLE(S)		
4. APPLICABLE FEDERAL QUARANTINE(S) OR REGULATIONS		
5. I/We agree to the following:		
6. SIGNATURE	7. TITLE	8. DATE SIGNED
The affixing of the signatures below will validate this agreement which shall remain in effect until canceled, but may be revised as necessary or revoked for noncompliance.		9. AGREEMENT NO.
		10. DATE OF AGREEMENT
11. PPQ OFFICIAL (Name and Title)	12. ADDRESS	
13. SIGNATURE		
14. STATE AGENCY OFFICIAL (Name and Title)	16. ADDRESS	
15. SIGNATURE		
PPQ FORM 519 (FEB 2002)		

FIGURE A-1-8: Example of PPQ Form 519, Compliance Agreement

Purpose

The PPQ Form 519 is a form that provides a signed, written agreement with fumigators to indicate their understanding of methods, conditions, and procedures necessary for compliance with regulations.

The PPQ Form 519 is also available as an electronic form. Click on the following link to access a fillable version of the form:

[PPQ Form 519](#)

Instructions

Many PPQ ports maintain Compliance Agreements with commercial pesticide applicators. PPQ may maintain compliance agreements, however if they cancel an agreement, PPQ should not ban an exterminator from doing business, or applying regulatory treatments. PPQ may however, discontinue certification of a particular treatment that did not meet the required time, temperature, and concentration levels indicated in the treatment schedule. Similarly, PPQ may not want to begin monitoring a fumigation if the tarp appears inadequate and excessive leakage may lead to a safety problem.

Review compliance agreements at least annually, but preferably twice a year. Amend compliance agreements as appropriate.

If the establishment fails to abide by the conditions of the agreement, then the Port Director may cancel that agreement orally or in writing.

If you make an oral cancellation, confirm it in writing as soon as possible. The establishment has 10 days to appeal the cancellation. Appeals must be made to the Deputy Administrator.

TABLE 1-1-1: Instructions for Completing PPQ Form 519, Compliance Agreement

Block	Instructions
1,8,9, 10-12	Fill in.
2	Fill in the location of the specific property(s) for which the agreement is signed.
3	Fill in the specific regulated articles to which the agreement applies.
4	Fill in the titles, parts, and subparts.
5	Outline stipulations which apply to the fumigator for each quarantine or regulation affecting the fumigator. Make clear to the fumigator that stipulations in the compliance agreement do not preclude compliance with other sections of the quarantine or regulations. If space in Block 6 is inadequate for listing the stipulations, then write "see Attached Sheets."
6	Have a responsible official of the fumigator's sign.
9	Assign a compliance agreement number.

TABLE 1-1-1: Instructions for Completing PPQ Form 519, Compliance Agreement

Block	Instructions
13	Have the PPQ Port Director sign.
14-16	Complete only when State is involved in cooperating with enforcing Federal quarantines.

Distribution

If:	Then:
Compliance agreement affects one work unit	GIVE original to the fumigator, and KEEP a copy for port files in the area where the fumigator is located
Compliance agreement affects more than one work unit	GIVE original to the fumigator, and GIVE copies to all work units affected by the compliance agreement, and KEEP a copy for port files in the area where the fumigator is located

PPQ Form 523, Emergency Action Notification

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0579-0102. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED - OMB NO. 0579-0102

<p style="font-size: x-small;">U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE</p> <p style="font-weight: bold; font-size: large;">EMERGENCY ACTION NOTIFICATION</p>	<p style="font-size: x-small;">SERIAL NO.</p>								
<p>3. NAME AND QUANTITY OF ARTICLE(S)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; font-size: x-small;">1. PPQ LOCATION</td> <td style="width: 30%; font-size: x-small;">2. DATE ISSUED</td> </tr> </table>	1. PPQ LOCATION	2. DATE ISSUED						
1. PPQ LOCATION	2. DATE ISSUED								
<p>6. SHIPPER</p>	<p>4. LOCATION OF ARTICLES</p> <p>5. DESTINATION OF ARTICLES</p>								
<p>9. OWNER/CONSIGNEE OF ARTICLES</p> <p style="font-size: x-small;">Name: _____</p> <p style="font-size: x-small;">Address: _____</p> <p style="font-size: x-small;">_____</p> <p style="font-size: x-small;">_____</p> <p style="font-size: x-small;">PHONE NO. _____ FAX NO. _____</p> <p style="font-size: x-small;">SS NO. _____ TAX ID NO. _____</p>	<p>7. NAME OF CARRIER</p> <p>8. SHIPMENT ID NO.(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; font-size: x-small;">10. PORT OF LADING</td> <td style="width: 30%; font-size: x-small;">11. DATE OF ARRIVAL</td> </tr> </table> <p>12. ID OF PEST(S), NOXIOUS WEEDS, OR ARTICLE(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; font-size: x-small;">12a. PEST ID NO.</td> <td style="width: 30%; font-size: x-small;">12b. DATE INTERCEPTED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; font-size: x-small;">13. COUNTRY OF ORIGIN</td> <td style="width: 30%; font-size: x-small;">14. GROWER NO.</td> </tr> </table> <p>15. FOREIGN CERTIFICATE NO.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; font-size: x-small;">15a. PLACE ISSUED</td> <td style="width: 30%; font-size: x-small;">15b. DATE</td> </tr> </table>	10. PORT OF LADING	11. DATE OF ARRIVAL	12a. PEST ID NO.	12b. DATE INTERCEPTED	13. COUNTRY OF ORIGIN	14. GROWER NO.	15a. PLACE ISSUED	15b. DATE
10. PORT OF LADING	11. DATE OF ARRIVAL								
12a. PEST ID NO.	12b. DATE INTERCEPTED								
13. COUNTRY OF ORIGIN	14. GROWER NO.								
15a. PLACE ISSUED	15b. DATE								

Under Sections 411, 412, and 414 of the Plant Protection Act (7 USC 7711, 7712, and 7714) and Sections 10404 through 10407 of the Animal Health Protection Act (7 USC 8303 through 8306), you are hereby notified, as owner or agent of the owner of said carrier, premises, and/or articles, to apply remedial measures for the pest(s), noxious weeds, and or article(s) specified in Item 12, in a manner satisfactory to and under the supervision of an Agriculture Officer. Remedial measures shall be in accordance with the action specified in Item 16 and shall be completed within the time specified in Item 17.

AFTER RECEIPT OF THIS NOTIFICATION, ARTICLES AND/OR CARRIERS HEREIN DESIGNATED MUST NOT BE MOVED EXCEPT AS DIRECTED BY AN AGRICULTURE OFFICER. THE LOCAL OFFICER MAY BE CONTACTED AT:

16. ACTION REQUIRED

TREATMENT: _____

RE-EXPORTATION: _____

DESTRUCTION: _____

OTHER: _____

Should the owner or owner's agent fail to comply with this order within the time specified below, USDA is authorized to recover from the owner or agent cost of any care, handling, application of remedial measures, disposal, or other action incurred in connection with the remedial action, destruction, or removal.

17. AFTER RECEIPT OF THIS NOTIFICATION COMPLETE SPECIFIED ACTION WITHIN (Specify No. Hours or No. Days):	18. SIGNATURE OF OFFICER:
--	---------------------------

ACKNOWLEDGMENT OF RECEIPT OF EMERGENCY ACTION NOTIFICATION

I hereby acknowledge receipt of the foregoing notification.

SIGNATURE AND TITLE:	DATE AND TIME:
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19. REVOCATION OF NOTIFICATION

ACTION TAKEN:

SIGNATURE OF OFFICER:	DATE:
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PPQ FORM 523 (JULY 2002) Previous editions are obsolete.

FIGURE A-1-9: Example of PPQ Form 523, Emergency Action Notification

Purpose

The Emergency Action Notification (EAN) is a document that serves purposes for APHIS regulations. When an emergency action must be taken on a shipment, this form allows Customs and Border Protection - Agriculture Inspection (CBPAI) and/or Plant Protection and Quarantine (PPQ) to communicate the need for a specific action on a shipment to the interested parties. The EAN specifies to the broker, shipper, market owner, or other stakeholder the reason(s) why the shipment is being refused and basic explanation(s) as to what action is necessary.

The document also serves other critical needs. Use of the EAN information assists in determining risks and identifying trends. Through data compilation and analysis PPQ will use the information to update regulations, inform trade partners of areas of concern in foreign countries, and help with domestic emergencies. Targeting is another use for the information. CBPAI will be better able to determine which shipments may need closer inspection.

An EAN **must be issued from the National AQAS EAN Database** every time an emergency action is ordered for an agricultural purpose in the cargo or express courier environment. Agricultural purposes would be those that relate back to a violation of a regulation within the 7 CFR or 9 CFR chapters.



Important

EANs **MAY NOT** be issued as a hand written document, typed on a manual typewriter, from any local database, or any means of issuance other than the **National AQAS** system.¹

¹ The only acceptable reason for issuing an EAN from a source other than the AQAS National EAN Database is if the AQAS system is not in operation. In this instance, the EAN issued in another format must be entered into the AQAS National EAN Database within 24 hours.

Issue an EAN when:

- ◆ The Agriculture Specialist finds an actionable pest, potential quarantine pest, a contaminant, or prohibited product
- ◆ The Agriculture Specialist needs to record a commercial seizure
- ◆ The shipment lacks proper documentation
- ◆ The shipment contains non-compliant WPM
- ◆ The shipment is in the express courier environment (i.e. FedEx, UPS, DHL, etc.).

An EAN must **not** be issued for the following reasons:

- ◆ Condition of Entry/Precautionary Treatments - An EAN is **not** to be issued for a shipment requiring treatment as a condition of entry.
- ◆ Holding a Shipment - An EAN is only for taking immediate action. Do **not** use an EAN as a hold or supplemental hold for a shipment for any other reason than immediate treatment.
- ◆ Quality Issues - An EAN is **not** to be issued for the quality of a shipment. If the shipment does not pose a pest risk do not write an EAN.
- ◆ No inspection - An EAN is only to be issued if a shipment has been inspected (either a physical inspection of the goods or a paperwork inspection when that is the requirement) and an agricultural problem has been found. Do **not** write an EAN in lieu of inspection.
- ◆ Mail - Do **not** issue an EAN for any USPS mail. A Mail Interception Notification (PPQ 287) must be used for these shipments.
- ◆ Selected Animal Products - EANs are **not** to be issued on shipments of live animals or live animal products. Refer to the Animal Products Manual for instructions on these products.
- ◆ Other Agencies' regulations - EANs are **not** to be issued for a violation of other agencies regulations. The only regulations that may be cited on an EAN are chapters 7 CFR and 9 CFR.

Instructions

The instructions in [Table A-1-2](#) are for initiating an EAN. The electronic version of PPQ Form 523 which is located in the National Agricultural Quarantine Activity System (AQAS) at <https://moks14.aphis.usda.gov/aqas/login.jsp> is the only method by which an Emergency Action Notification may be initiated. **Emergency Action Notifications MAY NOT be issued in any other format, either manual or electronic.**

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
1	Issuing Port	Select the port in which the EAN is being issued. Please note that some users will have multiple locations. If the user is assigned to multiple locations, be sure to select the correct location. If the user is not assigned to a port to which he/she requires access, contact the help desk.
2	Date Issued	Enter the date that the EAN was issued.

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
3 Name and Quantity of Manifested Article	Article Category* Article Name*	<p>This block is to determine the commodity of the shipment. Only one commodity is allowed to be listed per EAN. Do NOT list pallets, crates, dunnage, etc. as the Name of Article unless they are the actual commodity being shipped.</p> <p>Article Category - Select a category (Animal Product, Plant Product, or Miscellaneous). The user must select the appropriate category as the other fields in this block are dependent upon it.</p> <p>Animal Products</p> <p>Animal Classification - Select the classification of the shipment. The classification selected will determine the drop down list for the classification category in the next field. See the Animal Products Manual (APM) contents page for further clarification.</p> <p>Classification Category - Select the classification category. The classification category will determine if a classification subcategory is required. To decide on a classification category see the APM classification selected in the previous field.</p> <p>Classification Subcategory - Select the classification subcategory. This information can be found in shipment documentation.</p> <p>* The drop down lists in this category have come directly from the Animal Products manual. If you need assistance with this menu, see the APM.</p> <p>Plant Products</p> <p>This selection is for fresh cut flowers, fresh fruits and vegetables, logs, lumber, and propagative materials only. Any processed plant products (mulch, handicrafts, potpourri, Chinese Teas, etc.) will be found in the Miscellaneous Category.</p> <p>Miscellaneous Products</p> <p>This category is for all products that do not fit into either Animal Products or Plant products as defined above. Select the category that best fits the commodity. If there is not a category that fits your item please contact the help desk, National Coordinator, or Regional Coordinators before continuing. If the user selects miscellaneous, a description of the article must be entered. The description should be as accurate as the information available. For example, brake pads, bolt screws, linen fabric, stuffed toys, etc. If the product is agricultural but processed, the user must give an exact description of the article. For example, wooden birdhouses with grass roofs, dried whole apricots, wood carvings with bark edging, etc.</p> <p>Article Name - This drop down list has been determined by the user's previous selections. If the user does not find the article name in the drop down list please contact the help desk.</p>

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
3 Name and Quantity of Manifested Article (continued)	Quantity* Unit of Measure*	Enter the numerical quantity of the shipment. When determining the article quantity, use the most specific number. For example, kilograms is a better selection than box count when dealing with most produce or meat products, but square meter is a better selection for veneer. “Boxes/Crates” may not be used if another option is available.
	APHIS Permit Number	APHIS Permit Number - If the shipment has any kind of APHIS permit, enter the number here.
	Wood Packing Material*	Check the appropriate boxes. If the user selects none or non-compliant only one box may be selected, but if the wood is non-compliant the user may chose both non-compliant for timber pest and no markings. If wood is not marked with an acceptable symbol, then it is considered unmarked.
4	Location of Articles*	The location of articles is the place where the shipment is located when it is inspected. For example, US Air Warehouse, 123 Airplane Way, Butte, MT 12345. Each port will have a local drop down list so that users will not have to type addresses that have already been added to the system. If using the drop down list, ensure that the correct location has been selected. If the location that the user needs to select is not on the default list, it may be added by port users and supervisors by selecting "Set Defaults". All locations must contain the name of the facility, the physical address, city, state, and zip code.
5 Delivery Address of Articles	Name*	Enter the name of the company/individual accepting the goods as destination of the articles (delivery address). Do not use the broker as destination. Do not automatically assume that the consignee address and delivery address is the same.
	Address where the articles will be delivered*	Enter the address where the goods are intended to be delivered including street address, city, state (within the US), country, and zip/postal code. If the shipment has multiple destinations, the officer should include the destination to which the majority of the shipment is being delivered. If the shipments will be distributed evenly then choose the location to which the product could potentially cause the greatest risk. When determining the address to select the officer should use his/her best judgment. Additional delivery addresses should be entered into the “Comments” field on page 4 of the data entry screens. Questions regarding this should be directed to the officer’s first line supervisor.
6 Shipper	Name*	Enter the name of the shipper.
	Address of Shipper*	Enter the address of the shipper including street address, city, and country. Enter state/province and postal code if known. This must be a foreign address.

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
7 Name of Carrier	Name*	Enter the name of the carrier company. For example, Northwest Airlines, M/V Panama, Canadian Pacific, Yellow Freight. On the land borders independent trucks frequently cross. If the truck is independent use the name of the owner of the tractor. Do not enter vehicle numbers in this field. Do NOT enter abbreviations for the name of carrier including airline codes.
	Flight/Voyage/Trip Number*	Enter the appropriate number based on pathway. For trucks use the trailer license number.
8 Shipment Identification Numbers	Airway Bill, Bill of Lading, PAPS Code*	Enter the bill of lading number. If the cargo is border cargo and does not have a bill number, use the PAPS code. This is a mandatory field. Every shipment will have this number at the time that shipment is presented for inspection.
	Tariff Number*	Enter the 10 character tariff number as provided in ACS or ATS. This is indicated in ATS as the HTS number. Do not add any punctuation, numbers only. If the user cannot find the tariff number in ATS or ACS then use this link to look up the number: http://dataweb.usitc.gov/scripts/tariff_current.asp
	Customs Entry Number*	Enter the Customs Entry Number. Do not add any punctuation, numbers only. *If the entry has not yet been filed at the time of inspection, enter "Not Yet Filed" *If the shipment is of low value (under \$2000 as of 09/2006) it is considered informal and no entry number will ever be processed, enter "Informal" Do not enter N/A or Not Available. If the user doesn't have an entry number other than listed above, describe why.
	Container Number	Enter the complete container number. This is usually a 4-letter code followed by 5 or 6 numbers. Include the check digit.
	ISPM Markings	Enter the complete information from the ISPM Marking (IPPC wood marking). If the officer finds a pest in marked wood, this is a required field.
	Other Identifying Number	This field is available to include another number that there is either not a field for or can be used for a number collected for port policy. Examples include invoice number, shipment number, etc. If the pathway is air cargo, the House Airway Bill must be entered here.
	Other Identifying Number Description	If the user enters an "Other Identifying Number" then this field must be completed. The entry should clearly identify what the "Other Identifying Number" is. Do not use abbreviations in the description other than HAWB for "House Airway Bill."

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
9	Consignee of Articles	Name*
		Address of Consignee*
		Phone and Fax Numbers
10	Port of Lading	City*
		Country*
11		Date of Arrival*
12		Reason for EAN*

Enter the name of the Consignee. This will be a company name most of the time. If the shipment owner is an individual, enter the name of the individual.

The Consignee is the owner of the shipment. The broker is usually not the consignee.

Enter the street address of the consignee. Street address, city, and country must be entered. Enter the state/province and postal code if known.

Enter the phone and fax numbers of consignee if known

Enter the foreign city where the shipment was last loaded onto a vessel, plane, railcar, or vehicle.

Enter the foreign country where the shipment was last loaded onto a vessel, plane, railcar, or vehicle.

Enter the date that the shipment entered the port.

Select the reason(s) that the EAN is being issued. The following is a guideline to help determine the reason.

Pest - If a pest or disease is found on, in, or with a shipment. Do **not** to enter a tentative ID. A national AQAS Pest ID number will be required.

Lacks Documentation or Certification - Shipment is missing documentation or the documentation is not acceptable. Documents may include but are not limited to health certificates, FSIS paperwork, permits, phytosanitary certificates, etc.

Contaminant- Seed - Shipment is found to have seed or seed heads that are contaminants, but not part of the manifested commodity. A national AQAS Pest ID number is required.

Contaminant-Other - Shipment is found to have any contaminant that does not need to be sent to an identifier. Examples include blood, soil, manure, etc.

Lacking ISPM15 Marking - Shipment was found to have unmarked or improperly marked WPM.

Prohibited Animal Product - Shipment was found to be prohibited by a 9 CFR.

Prohibited Product - Shipment was found to be prohibited by 7 CFR regulation.

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
12a	Pest ID Number*	Enter the Pest ID number generated by the Pest ID system. This number must be provided by the identifier or an APHIS employee acting on behalf of an identifier. If pest or seed contaminant is selected as the reason for the EAN then the user will have to enter the 17 digit Pest ID number. If the user does not have the Pest ID number the EAN may be saved and printed, however the EAN can not be closed in the system until this information has been added. The system will not accept local pest ID numbers in any form.
12b	Date Intercepted*	Enter the date that the reason for writing the EAN was found. This date must match the date that is entered on the Pest ID record (309A).
13	Country of Origin	Enter country of origin. The country of origin is not necessarily the country from which it is being shipped. The country of origin is the location where the commodity was grown, manufactured, or produced. For example, a shipment of handicrafts might be shipped from Canada, but were made in China. China is the country of origin. Canada is the country of lading.
14	Grower/Facility Number	Enter the number of the foreign facility in which the product was processed or the foreign grower number. This number is frequently found on the invoice. It may also be available in ATS.
15	Foreign Sanitary Certificate Status*	Select the status of the certificate. If a certificate is not required continue to Block 16.
15a	Foreign Sanitary Certificate Number	Enter the certificate number.
15b	Place Issued	Enter City/Country where the certificate was issued. This will be a foreign address.
	Date Issued	Enter the date on which the certificate was issued.
Contact Number	Phone Number*	Enter the phone number at which the user issuing the EAN can be reached.
16	Treatment Schedule	Using the drop down menu, if treatment is available , select the appropriate treatment schedule. The treatment schedule MUST be provided by a PPQ Identifier or PPQ Employee acting on behalf of an Identifier. CBP AI should not select a treatment schedule that has not been approved by a PPQ Identifier or PPQ Employee acting on behalf of an Identifier.
	Explanation Text*	Select the explanation text that best matches the scenario for this EAN. This explanation tells the acceptor of the EAN two things: 1) what the problem is and 2) how to correct the situation. This is where the options are given. DO NOT use the "check boxes" printed on the form.
	Phyto-Fumigation Disclaimer	If fumigation is an option, the phyto disclaimer must be selected.

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
16 (continued)	CFR Regulation*	Select the CFR under which the shipment is being regulated. More than one CFR can be selected. To look up a CFR use this link: http://ecfr.gpoaccess.gov
	Seal Text	If the shipment must be transferred to another location under seal, select the text that is appropriate to scenario. If the shipment is being sent for treatment by PPQ the quantity of the shipment being transferred (preferably in box count) must be included. NOTE: If the PPQ Officer supervising the treatment does not know the quantity to be treated the shipment will not be treated until that information is provided from CBP.
	Comments	If the user has any additional comments to make, they should be recorded in the Comment field. Do not repeat information that has previously been provided. Do not enter any pest name in this location. It may be helpful on a local level to enter a local ID number or broker information here. NOTE: These comments will print on the paper EAN.
17	After Receipt of Notification Complete Specified Action Within:	The user should select the amount of time allowed before treatment begins. For example, if the shipment is to be re-exported then the user should select the amount of time before the shipment must be on the conveyance back to country of origin.
18	Name of Inspecting Officer	Enter the name of the officer that inspected the shipment. DO NOT enter the name of the data enterer unless it is the same individual.
	Acknowledgement of Receipt of Notification	Name of Recipient Enter the first and last name of the person accepting the EAN. The user MUST have this person print their name next to the signature. The only acceptable entry in this field is the first and last name of the person accepting the EAN. DO NOT enter "On File."
	Title of Recipient	Enter the title of the person accepting and signing the EAN. Preferably enter name of their company as well. Example: Dispatcher, American Shipping
	Date Signed	Enter the date the EAN was signed and accepted.
19 Revocation Notification	Reason for Action Taken*	Enter the reason that the EAN was written. This should match the data entered in block 12.

TABLE A-1-2: Instructions for Initiating an EAN

Block Number	Field Name	Instructions
19 Revocation Notification (continued)	Action Taken*	Enter the action that was actually taken. Do not enter an action unless that action was taken. If the action was "Treatment," select the treatment type. If the action was "Other," enter what action was taken in the "Additional Remarks" section. Be descriptive in the narrative. Example: The WPM was separated from the shipment. The WPM was re-exported. The commodity entered commerce.
	Was the Article Mislabeled, Misrepresented, or Concealed?*	Select yes or no.
	Form 518 Reference Number	If the above answer is yes, then a 518 number must be entered.
	Additional Remarks	If the user has additional information that was not previously recorded, it should be entered here. This field is required if Action Taken-Treatment Type is equal to "Other." This field will not print at any time. These are private comments visible only to system users.
	Signature of Officer*	Enter the name of the officer that completed or supervised the treatment, received confirmation of destruction, or received confirmation of re-exportation. Do not enter the data entry clerk's name unless it is the same officer as described above. This may be a different user than originally opened the EAN.
	Date Action was Completed*	Date - Enter the date that the final action was completed.

Special Instructions for Infested Vessels Sailing Foreign Without Treatment

When an infested vessel is allowed to sail foreign without treatment, type the following statement in the "Comments" field on the EAN.

The requirements of the Emergency Action Notification are suspended upon condition that this vessel shall leave the territorial limits of the United States within *[list number]* of hours after receipt of this notice. This vessel shall **not** re-enter any port in the United States unless it has been treated in accordance with the notification and certified by the person who applied the treatment. If the certificate is **not** presented to the CBP officer when arriving at a port in the United States, or if the CBP officer for any other reason is **not** satisfied that the infestation has been eliminated, the notification shall immediately become effective and treatment required.

PPQ Form 449-R, Temperature Recording Calibration Report

Use the PPQ Form 449-R to document the calibration of temperature sensors for intransit cold treatment in vessels.

TEMPERATURE RECORDING CALIBRATION REPORT (IN-TRANSIT COLD TREATMENT)											1. NAME OF VESSEL Crown Emerald				
2. PPQ DUTY STATION Houston			3. DATE OF INSPECTION 8-5-2008			4. POINT OF INSPECTION Bremerhaven, Germany			5. HULL NUMBER AND DOCKYARD 164 - Imabari						
6. IMO NUMBER 9128037			7. FLAG (3-LETTER CODE) PAN			8. SHIP'S OFFICER ENS Smith			9. OWNER/OPERATOR Wallem Management						
10. RECORDING INSTRUMENT 1						11. RECORDING INSTRUMENT 2									
Recorder(s) must match CPHST website – see instructions.															
10a. MAKE Mycom						11a. MAKE									
10b. MODEL MarcS						11b. MODEL									
TEMPERATURE SENSORS (If unsatisfactory, explain in item 17.)															
12. LOCATIONS MATCH DIAGRAM Satisfactory <input checked="" type="radio"/> Unsatisfactory <input type="radio"/>			13. LABELING OF SENSORS/BOXES Satisfactory <input checked="" type="radio"/> Unsatisfactory <input type="radio"/>			14. CABLE LENGTH Satisfactory <input checked="" type="radio"/> Unsatisfactory <input type="radio"/>			15. REACTION TIME Satisfactory <input checked="" type="radio"/> Unsatisfactory <input type="radio"/>						
16. TEMPERATURE READINGS AT 0 C (32 F)															
BULB NO.	TEST			BULB NO.	TEST			BULB NO.	TEST			BULB NO.	TEST		
	I	II	III		I	II	III		I	II	III		I	II	III
1A1	0.1	0.1		1C3	0.0	0.0		2A4	0.1	0.1		2C4	0.1	0.1	
1A2	0.0	0.0		1C7	0.0	0.0		2A5	0.1	0.1		2C5	0.1	0.1	
1A3	0.1	0.1		1C8	0.0	0.1	0.0	2A6	0.1	0.1		2D1	0.1	0.1	
1A4	0.1	0.1		1C9	0.0	0.0		2A7	0.1	0.1		2D2	0.1	0.1	
1A5	0.1	0.1		1D1	0.1	0.1		2B3	0.1	0.1		2D3	0.1	0.1	
1A6	0.1	0.1		1D2	0.1	0.1		2B8	0.1	0.1		2D4	0.1	0.1	
1A7	0.1	0.1		1D3	0.1	0.1		2B9	0.1	0.1		2D5	0.1	0.1	
1B1	0.1	0.1		1D4	0.1	0.1		2B10	0.1	0.1		3A1	0.1	0.1	
1B2	0.1	0.1		1D5	-0.2	-0.2		2B11	0.1	0.1		3A2	0.1	0.1	
1B4	0.2	0.2		1D6	-0.1	-0.1		2C1	0.1	0.1		3A3	0.1	0.1	
1B5	0.0	0.0		2A1	0.2	0.2		2C2	0.1	0.1		3A4	0.1	0.1	
1B6	0.0	0.0		2A2	0.3	0.3		2C3	0.1	0.1		3A5	-0.1	-0.1	
17. REMARKS (List names of all USDA officials participating in the calibration.) D. Jones, S. Wood															
18. COMPANY NAME AND ADDRESS TO SEND CERTIFICATE OF APPROVAL Wallem Ship Management 1799 West Street New York, NY									19. COMPANY EMAIL WSM@gmail.com			20. COMPANY PHONE NUMBER 800-879-4659			
21. SIGNATURE OF LEAD INSPECTOR									22. DATE 5-August-2008						

PPQ FORM 449-R (Local Reproduction Authorized)
(JAN 2007)

FIGURE A-1-10 Example of PPQ Form 449-R, Temperature Recording Calibration Report

Instructions for Completing PPQ Form 449-R

Block	Instructions
1	Verify that the vessel name agrees with the name on the CPHST web site: https://treatments.cphst.org/vessels/ .
2	PPQ officer's duty station.
3	Date of Inspection
4	Place of Inspection
5	Verify that the hull number and dockyard agrees with the CPHST web site: https://treatments.cphst.org/vessels/ .
6	The IMO number is a unique identification number for every vessel engaged in commerce and provides a complete history of the vessel. Verify that the IMO number agrees with the CPHST web site: https://treatments.cphst.org/vessels/ . If this information is not on the CPHST web site, collect the number from the ship's officer and record in this block.
7	Verify that the flag (country of registry) agrees with the 3-letter code on the CPHST web site: https://treatments.cphst.org/vessels/ .
8	Name of Captain, Chief Engineer, Reefer Engineer, or First Officer
9	Name of the shipping line owner or agent. Verify with CPHST web site: https://treatments.cphst.org/vessels/ .
10a, b	Verify the make and model agree with the information on the web site. If the information differs from that listed on the website, gather as much information as possible from the vessels crew regarding when (date) instrument was changed, and whether or not they have any documentation from CPHST approving the changes. Record this additional information in the remarks section.
11a, b	Multiple recorders may be used. Record the make and model.
12	Verify that the sensor and cable locations match the diagram on the CPHST web site.
13	Verify that the sensors and cables are labeled correctly and in accordance with the sensor diagram.
14	Confirm that air sensors are capable of reaching the floor and fruit sensors are capable of reaching all areas of the compartment from their location along the walls (each should reach past the center line of the compartment).
15	Do the sensors respond appropriately when hand-warmed?
16	TEST ALL AIR AND PULP SENSORS. If officer suspects a compartment to be a hanging deck, test any sensors located in the space and make a notation in this block and in the narrative.
17	Record names of all USDA officials participating in the inspection, indicating lead officer for the report. Include any other information deemed appropriate.
18	Include as much information as possible.
19	Company email.
20	Company phone number.
21	Signature of Lead Inspector.
22	Date the report is completed.

Purpose

PPQ Form 203 verifies that PPQ has precleared the commodity it accompanies (either through inspection or treatment) at the foreign site.

An electronic copy of this form is available in the APHIS forms library at:




<http://www.aphis.usda.gov/library/forms/#ppq>

Instructions

The Agriculture Specialist at Port of Entry (POE) examines this form when a precleared commodity arrives at the port.

The APHIS officer completes this form at the foreign site where the commodity is inspected or treated. The form may either be handwritten in ink or typed. Use [Table A-1-3](#) to decide what paperwork should be presented upon the arrival of a precleared commodity.

TABLE A-1-3: Determine Paperwork to Be Presented upon Arrival of a Precleared Commodity

If arriving from:	And by:	Then the exporter or the exporter's agent must provide the following paperwork:
Australia, Japan, Korea, or the Republic of South Africa		<ul style="list-style-type: none"> ◆ Original (yellow) PPQ Form 203 for the commodity ◆ Copy of the master PPQ Form 203 or original Phytosanitary Certificate, specifying the number of units shipped or remaining in cold storage from the master PPQ Form 203
Chile	Vessel	<ul style="list-style-type: none"> ◆ Original Chilean Phytosanitary Certificate ◆ E-mail notification of the cargo on board and its status from the IS Region II office to the POE <p>NOTE: No PPQ Form 203 will accompany the commodity</p>
	Air	<ul style="list-style-type: none"> ◆ Original (yellow) PPQ Form 203 for the commodity ◆ Original Chilean Phytosanitary Certificate
New Zealand		<ul style="list-style-type: none"> ◆ Original (yellow) PPQ Form 203 for the commodity, or a copy of the master 203 ◆ Original New Zealand Ministry of Agriculture forms specifying the number of units shipped or remaining in cold storage from the master PPQ Form 203, Final Balances-Balance Sheet for USA-Passed Product in Coolstore and Details of Loading Certificate
Other than a country listed in the three cells above		<ul style="list-style-type: none"> ◆ Original (yellow) PPQ Form 203 for the commodity

Verify that any seals listed on the form are still intact. Also, confirm that the information and conditions described on the form agree with the cargo manifest, invoice, or other CBP entry documents. Contact QPAS at 301/734-8295 if **any** of the following occurs:

- ◆ PPQ Form 203 is missing
- ◆ Seals are broken
- ◆ Information on the PPQ Form 203 does **not** match the entry documents



Refer to your *Plant Import: Nonpropagative Volume of Manuals* for the commodity being shipped. The commodity may be undergoing in-transit cold treatment. If it is, you need to ensure that the commodity meets the time and temperature requirements.

Instructions for Issuing Officer

The APHIS Issuing Officer will complete PPQ Form 203, as follows:

1. Type the form or write in ink.
2. Number the certificate using the numbering system assigned by the Area Office with responsibility for the program.
3. If the commodity was treated, mark the form with the plant's approved stamp.
4. Fill in the remaining, self-explanatory information.

Distribution

Issuing Officer

The APHIS Issuing Officer will distribute PPQ Form 203 using [Table A-1-4](#) as a guide.

TABLE A-1-4: Distribution of PPQ Form 203, Foreign Site Certificate of Inspection and/or Treatment

If:	Then:
Original and first copy	GIVE to the exporter (the original must be presented at the first POE)
Copy	SEND to the Area Office, IS, with responsibility for the program
Copy	RETAIN by the certifying APHIS officer
Copy (through the office of cooperator) ¹	FAX a copy to the U.S. Port of Arrival
Copy	ATTACH to trip report

¹ This does **not** apply to all programs. Check the technical packet or with the IS Field Office in Charge.

PPQ Form 556, In Transit Cold Treatment Clearance Report

U. S. DEPARTMENT OF AGRICULTURE Animal and Plant Health Inspection Service Plant Protection and Quarantine Programs IN TRANSIT COLD TREATMENT CLEARANCE REPORT				1. NAME OF CARRIER		2. PORT OF LOADING		3. PAGE NO.						
INSTRUCTIONS: Refer to PPQ Treatment Manual Sec. III part 10 and CFR 319.56-2d.				4. PORT REPORTING		5. DATE		6. TIME						
				7. PORT REPORTING		8. DATE		9. TIME						
10. CONTENTS OF COMPARTMENTS														
COMMODITY	NO. CASES	COMMODITY	NO. CASES	COMMODITY	NO. CASES	COMMODITY	NO. CASES	COMMODITY	NO. CASES					
Apples		Nectarines		Pears		Plums								
Cherries		Oranges		OTHER (Specify)		OTHER (Specify)								
Grapes		Peaches												
INSTRUMENT EXAMINATION					INSTRUMENT EXAMINATION									
11. INSTRUMENT NO.		12. WAS INSTRUMENT LOCKED? YES <input type="checkbox"/> NO <input type="checkbox"/>			17. INSTRUMENT NO.		18. WAS INSTRUMENT LOCKED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
13. PRINTING INTERVAL		14. CHART SPEED (in. or cm/24 hours)			19. PRINTING INTERVAL		20. CHART SPEED (in. or cm/24 hours)							
15. ACTUAL LENGTH OF RECORD		16. CALCULATED LENGTH OF RECORD			21. ACTUAL LENGTH OF RECORD		22. CALCULATED LENGTH OF RECORD							
23. CALIBRATION RECORD		IF NOT SATISFACTORY - WHY					SIGNED BY							
SATISFACTORY <input type="checkbox"/>														
24. IDENTIFY COMPARTMENTS		TEMPERATURE RECORD												
25. Initial fruit temp. recorded		MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	
26. Loading completed		DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	
27. TREATMENT COMMENCED	2.2°C (36°F)													
	1.7°C (35°F)													
	1.1°C (34°F)													
	0.6°F (33°F)													
	0°C (32°F)													
28. Total No. days treatment to time of clearance		TEMP.	DAYS	TEMP.	DAYS	TEMP.	DAYS	TEMP.	DAYS	TEMP.	DAYS	TEMP.	DAYS	
29. Pulp temperatures (manual check by PPQ officer)		MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	MAX.	MIN.	
30. Recorded temperatures		BULB NO.	TEMP.	BULB NO.	TEMP.	BULB NO.	TEMP.	BULB NO.	TEMP.	BULB NO.	TEMP.	BULB NO.	TEMP.	
31. CARGO STOWAGE		IF NOT, SPECIFY WHY					32. SIGNATURE OF OFFICER							
SATISFACTORY <input type="checkbox"/>														
PPQ FORM 556 AUG. 1977		REPLACES PPQ FORM 556(9/74) WHICH MAY BE USED												

FIGURE A-1-12: PPQ Form 556, In Transit Cold Treatment Clearance Report

Application for Approval of Self-refrigerated Containers



**Application for USDA-APHIS Approval of Self-Refrigerated Containers (revised 8/02/06)
(For use in conducting quarantine cold treatments in-transit under USDA regulations)**

Web site to find containers and vessels with a search and a printable list:

<https://treatments.cphst.org/vessels/>

Instructions:

- (1) Review the regulatory requirements spelled out in the attachment on page five and the USDA Treatment Manual.
- (2) This form is arranged in five parts. You must answer all of the questions asked if applicable. Approval shall be denied or delayed if any items are left blank if applicable.
(Note: If some items are not applicable, write "N/A.")
- (3) Send the completed form (pages 2-4) to the following office:

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE
CENTER FOR PLANT HEALTH SCIENCE AND TECHNOLOGY
TREATMENT QUALITY ASSURANCE UNIT
1730 Varsity Drive, Suite 400
Raleigh, North Carolina 27606 USA
Fax: (919) 855-7493**

Page 1 of 5
Revised 08/2006

TABLE A-1-5 Application for Approval of Self-refrigerated Containers (page 1 of 5)

This form was completed by:

1. Name: _____
2. Title: _____
3. Signature: _____
4. Name of Company: _____

Part I. The Container Itself (or Series of Containers)

A. Owner Container Identification

1. Owner's Operating Numbers: _____ through _____
(Total number of containers in this series: _____)
2. Manufacturer's Serial Numbers: _____ through _____
3. ABS D.T. Numbers: _____
4. Date of Manufacture: _____
5. Owner Container Line: _____ Division: _____
6. Company contact person: _____
7. Address: _____

8. Fax: _____ 9. Telephone _____
10. E-mail: _____

(Note: If the information for the owner container line i.e. address, fax number, telephone number, and email are missing the container series will not be certified by the USDA. Do not use leasing company as owner.)

B. Container Manufacturer

1. Container Manufacturer: _____
2. Company contact person: _____
3. Address: _____

4. Fax: _____ 5. Telephone _____
6. E-mail: _____

C. Container Leasing Company (if known) or other

1. Container Leasing Company: _____
2. Company contact person: _____
3. Address: _____

4. Fax: _____ 5. Telephone _____
6. E-mail: _____

D. Container Size

1. External dimensions (in feet): Length: _____ Height: _____ Width: _____
2. Internal cubic capacity (in cubic feet): _____

E. Insulation

1. Type of insulation used: _____
2. Thickness (range in inches): _____

TABLE A-1-6 Application for Approval of Self-refrigerated Containers (page 2 of 5)

Part II. The Refrigeration Unit

- A. Make and Model: _____
- B. Defrost Cycle: Is it fully adjustable (e.g., 3, 6, 9, 12, 24 hours)? _____
- C. Cooling Capacity
1. Full Cool: _____ BTU; _____ Kcal
 2. Partial cool: _____ BTU; _____ Kcal
- D. Age of equipment (if not new): _____
- E. Air Flow
1. Bottom Delivery _____ only bottom delivery is acceptable
 2. Delivery method: _____
 3. Air flow rate (cubic feet/minute)
@ 0 inches of water: _____ @ 0.75 inches of water _____

Part III. The Controller and Recorder

- A. Make and Model
1. Controller: _____ Type: _____
 2. Recorder: _____ Type: _____
- B. Adjustment Capability: _____
- C. Age of Equipment (if not new): _____
- D. Is the temperature record printed on chart paper during the voyage, or is it stored and later downloaded by computer after the voyage is completed? _____
- E. Frequency of recording (*Note: There must be an indication of the temperature and time from each sensor, at least once an hour.*) _____
- F. Location of the unit:
Inside the container _____ Outside the container _____
If the controller or printer are accessible from the outside (without opening doors), will this unit be locked or sealed while in use? _____
- G. Is a modem connected to the controller/recorder? YES _____ NO _____
If yes, specify model _____

Part IV. The Temperature Sensors

- A. Temperature Sensors provided by owner. NO _____ (proceed to Part V.) YES _____ (go to B.)
Shipment of fruit is required to have USDA approved temperature sensors. See page 5.
- B. Number of Sensors installed: (*Note: The minimum number is three.*) _____
- C. Description of sensors
1. Length (in inches): _____
 2. Diameter (in inches): _____
 3. Type: _____
- D. If required, can the controller/recorder accommodate several additional sensors? _____
If so -- 1. What type? _____ 2. How many? _____
- E. Response time: _____
- F. Scale: The temperature recording will be in: Fahrenheit _____ Centigrade _____
- G. Accuracy : _____ (Note: Sensors must print at least in tenths of a degree, and must be accurate to within +/-0.3 degrees C, or +/- 0.5 degrees F.)
- H. Length of the cable wires leading from the controller to the sensors (Note: The wires must be long enough to reach fruits in all parts of the container.) _____
- I. Additional comments (if any): _____

TABLE A-1-7 Application for Approval of Self-refrigerated Containers (page 3 of 5)

Part V. The longevity of refrigerated containers used for in-transit cold treatment of fruits under our USDA protocol.

A. How frequently are refrigerated containers inspected by certified inspectors for wear due to usage, and to determine if repairs are needed? Are certification inspections done annually? These inspections may include (but are not limited to) reefer body, machinery construction and operation, conversion of refrigerant to non-CFCs, container walls (foam insulation), and tightness of doors.

B. Does your company have the capacity to track which containers are approved by USDA? (This means the usage, maintenance and repair histories of each approved container. We are also interested to know if some of the containers, previously approved, have already been scrapped.)

C. Generally, how long (in years) does a refrigerated container provide satisfactory service to the industry? The USDA wants to insure that cold treatments done in-transit are done in the best-made and well-maintained containers, able to withstand treatment requirements.

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Attachment: General Requirements for Approval of Containers Used for Cold Treatment

[Note: This page is for general information only. Submit it with the application as well as the cover letter. This information is taken from the Treatment Manual (USDA APHIS PPQ)]

Standards for Temperature Recording Instruments

Recording instruments used for cold treatments conducted in self-refrigerated containers must be approved (in advance) by the Center for Plant Health Science and Technology.

The readings of the instrument have to be accurate to within plus or minus 0.3° C, or plus or minus 0.5° F of the true temperature range of +27° F to +37° F, with a resolution of 0.1° F or C.

Sensors also will have an outer sheath of 0.25 inch (6.4 mm) diameter or less. The sensing element must be located within the first inch (2.5 cm) of the sensor. At least three sensors are necessary for each container. Sensors can be supplied by owner, leasing company or shipper. Sensors must be capable of collecting temperature data at least once every hour, and recording or storing data for up to 30 days.

System should have a visual display so that temperatures can be reviewed manually during the treatment, and for ease of calibration.

Printout must identify each sensor and indicate time and temperature. An identification number has to be printed so that the recorder and printout can be matched.

If the recorder is to be carried inside the container, the data should be accessible without opening the container.

Please note: Approval of refrigerated containers by USDA-APHIS shall be limited to their expected useful life, not to exceed 15 years. All containers more than 15 years of age may be required to be certified again. Cancellation of approval may also result from any of the following reasons:

- Inadequate maintenance.
- The container is no longer being used to carry refrigerated fruits.
- The container is scrapped.
- The container has a change of ownership (had not been reported to the unit).
- The container has a change of serial number (had not been reported to the unit).

The four letter prefix may be changed on approved containers but the serial number needs to stay the same as the approved container. Change of prefix must be notified to the address on page 1. Ownership needs to be the same when changing prefix. De-listed containers may be re-approved for use, following re-application. However, USDA may ask to see maintenance records. Also, a physical inspection may be required.

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