

Methyl bromide fumigations annual monitoring report

Under regulation 14.37 of the Health and safety at Work (Hazardous Substances) Regulations 2017

This form is for the annual monitoring report of methyl bromide for the reporting period 1 January to 31 December 2024. The form must be submitted by 30 June 2025. A monitoring report is required when greater than 500kg of methyl bromide is used at the workplace (refer to Regulation 14.37).

This form may be completed manually or electronically.

Email: hsapplications@worksafe.govt.nz

1. Period of notification

Calendar year:

1 January 2024 to 31 December 2024

2. PCBU details

PCBU name:

PCBU contact person:

Work phone:

Email:

Site methyl bromide is used:

Physical address where methyl bromide is being used:

Report prepared by

If this monitoring report is prepared by and submitted by the PCBU in section 2, go directly to section 4.

If this monitoring report is prepared and submitted by the fumigation company, on behalf of the PCBU go to section 3.

3. Fumigation company details

Fumigation company name:

Physical address:

Name of contact person: (at the fumigation company)

Work phone:

Email:

Name of person completing report: (if different from above)

Work phone:

Email:

4. Fumigation details

Total number of **quarantine** fumigations carried out in the reporting period at the site:

Total number of **pre-shipment** fumigations carried out in the reporting period at the site:

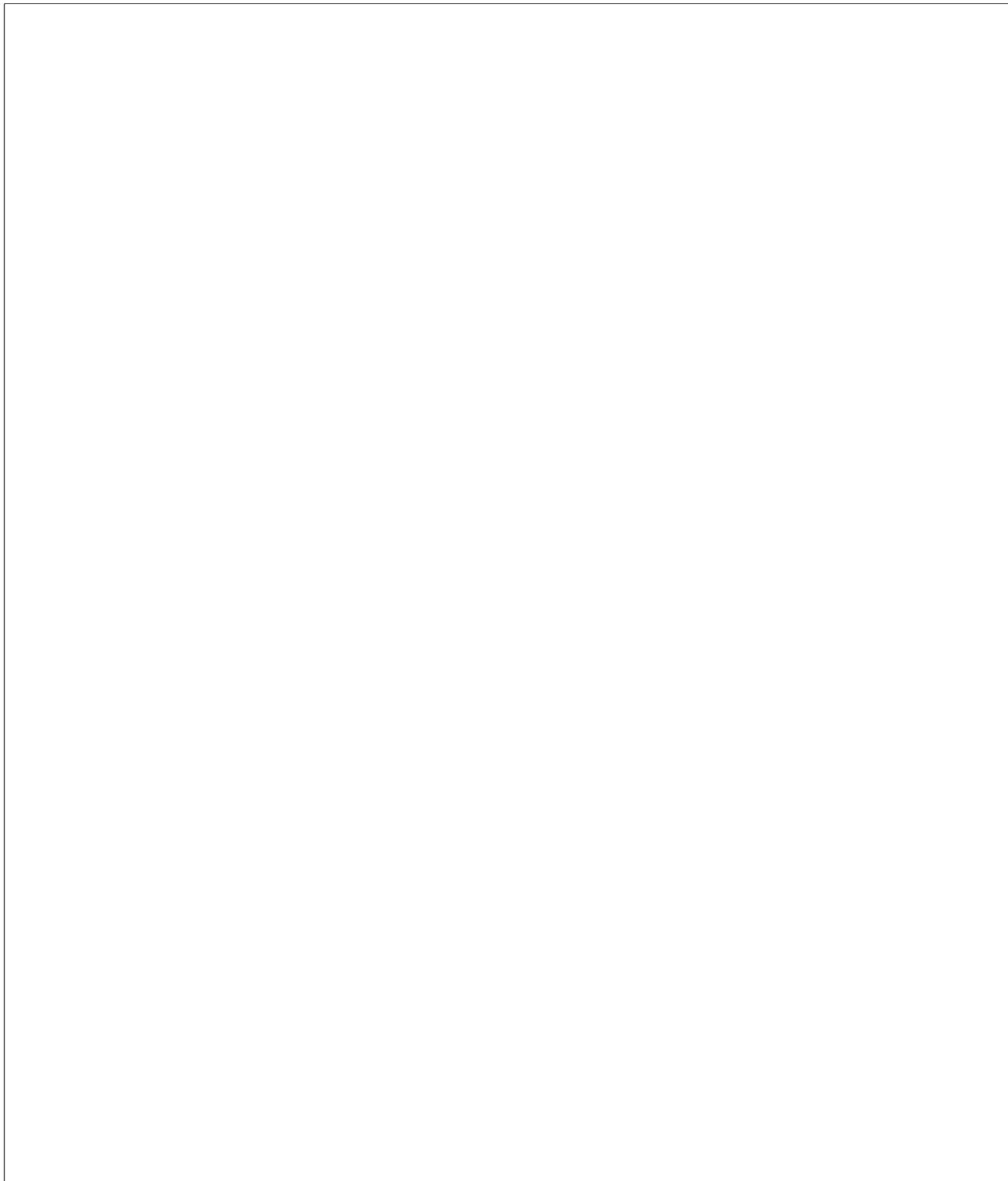
Record the details of these fumigations and the total amount of methyl bromide used for each type of fumigation. When fumigating ships indicate the total number of holds fumigated.

TYPE OF CONTAINED SPACE FUMIGATED	NUMBER OF FUMIGATIONS	TOTAL AMOUNT OF METHYL BROMIDE USED (KG)
Vessels with ship (holds)		
Containers		
Containers under tarp		
Tent covered log rows		
Other (eg fumigation cell)		
Total		



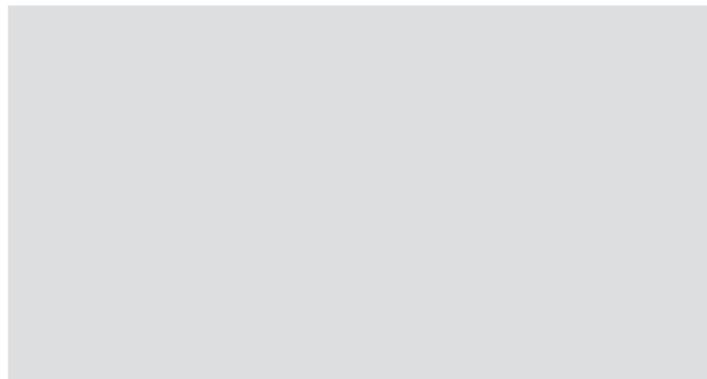
5. Location details

Provide a description of the site and explain where on site the fumigations take place. Attach a map of the site with the fumigation areas clearly marked.



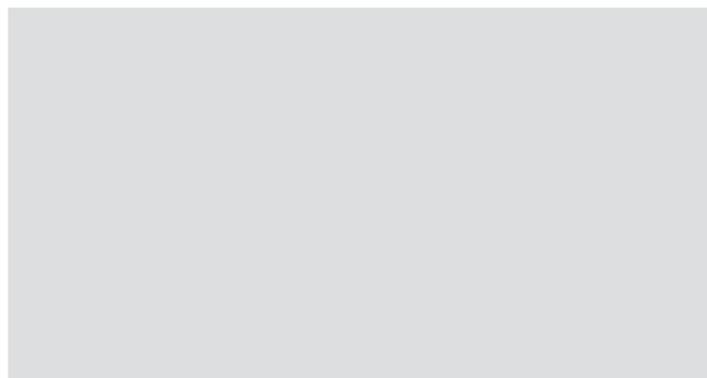
6. Monitoring and equipment used

Describe how the monitoring for methyl bromide was carried out. This should also include how you monitored the atmospheric conditions (wind speed and direction) at the time the methyl bromide was being vented.



Equipment

Give details of the equipment used to undertake monitoring of methyl bromide and atmospheric conditions.

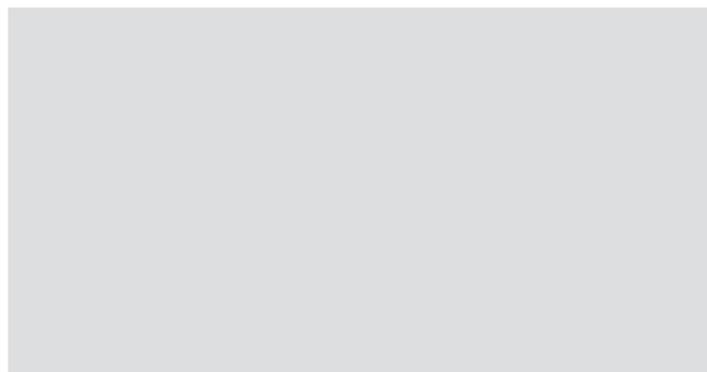


7. Annual methyl bromide exposure levels

TEL annual exposure

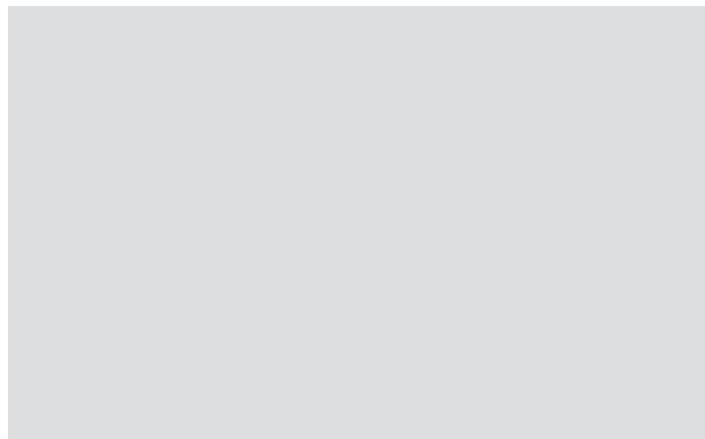
Record the annual TEL for methyl bromide calculated for the reporting period.

The allowed annual TEL for methyl bromide is 0.0013 parts per million (ppm). This is the amount of methyl bromide a person can safely be exposed to over a lifetime. The annual TEL is a chronic value derived on the basis that a person exposed to no more than this amount per year for a lifetime would not suffer adverse health effects. Details on how to calculate the annual TEL are given in the EPA Technical Guide: [Methyl bromide fumigations](#). Post reassessment guidance for fumigators April 2011.



Approximate total discharged

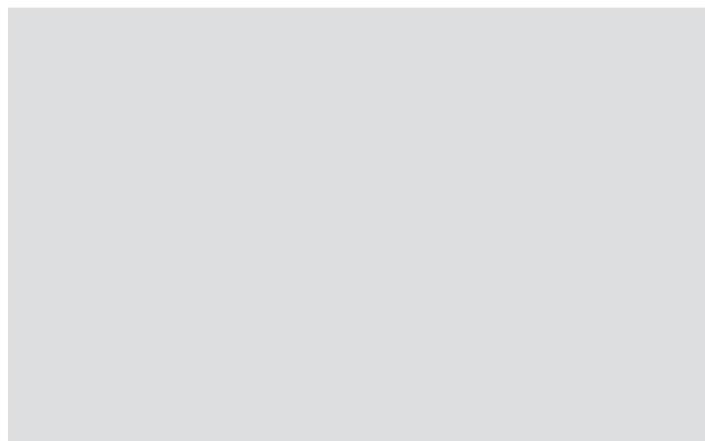
Record the approximate total quantity of methyl bromide discharged



Breaches of the tolerable exposure limits

The allowed 1 hour TEL is 1 parts per million. The allowed 24 hour TEL is 0.333 parts per million.

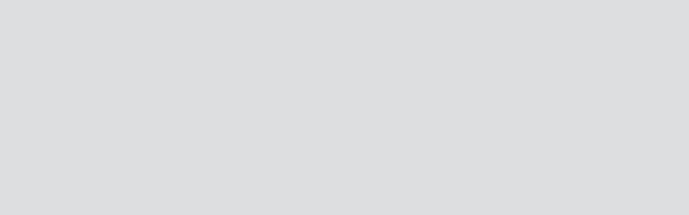
Record any exceedances of the one hour and 24 hour TELs for methyl bromide and state when and who you notified of these breaches. Outline what risk mitigation measures have been or are being taken.



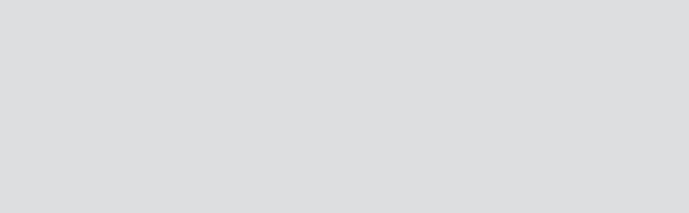
Number of notifications made regarding health concerns

Record the number of notifications made to WorkSafe and the relevant medical officer of health in accordance with Regulation 14.36(2), identified by each monitoring location.

Total number of notifications to WorkSafe:



Total number of notifications to a medical officer of health:



8. Unintentional release

Record any unintentional releases of methyl bromide. Describe the incident and what remedial actions were taken. Identified each unintentional release by location and record the approximate volume released in kg.

9. Other issues, accidents or non-compliance matters

Record any other issues, accidents and matters of non-compliance that may have occurred during the reporting period.

10. Signature of person completing this form

- To the best of my knowledge, the information contained in all sections of this form is complete and correct.
- I understand that information presented to WorkSafe is subject to the Official Information Act 1982 and may be released.
- I agree that WorkSafe may collect/verify information relevant to this annual monitoring report with other parties.

Name:

Position:

Signature of person completing this report:

Date: DD / MM / YEAR