



Grain treatment report

CGC Reference No.: _____

Office Address: _____

Section A Infestation information <i>(completed by CGC)</i>	
Shipper:	Loading point:
Elevator of unload:	Unload date:
Grade:	Quantity:
Identification	
Carrier/storage identification	Found to contain <i>(name of species)</i>
GSO/AGSO name:	Date of issue:

Section B Treatment information <i>(Must be completed by grain company and returned to the CGC)</i>	
Treatment date	Type of treatment and dosage
Start date:	
End date:	
Amount treated:	Bin numbers:
Remarks:	
Sampling/test date:	Treatment verified : <input type="checkbox"/> Yes <input type="checkbox"/> No
Grain Manager:	Contact phone number:

Section C Testing results <i>(completed by CGC – ONLY if requested by grain company)</i>	
Post-treatment samples were tested for insects, with Berlese funnels on _____ and found to be <div style="text-align: right;"><i>(date)</i></div>	
<input type="checkbox"/> Negative <input type="checkbox"/> Positive. Species of insect found _____.	
Additional comments:	
Grain Sanitation Officer:	Date: