

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE

APPLICATION FOR USDA NIGER SEED HEAT TREATMENT FACILITY APPROVAL

FOR USE IN CONDUCTING QUARANTINE HEAT TREATMENTS OF NIGER SEED UNDER USDA REGULATIONS

INSTRUCTIONS

- a. Use one application for each facility.
- b. Review the regulatory requirements in Chapters 3 and 6 of the USDA Treatment Manual. An electronic PDF document of the manual is available at the following website: http://www.aphis.usda.gov/import_export/plants/manuals/ports/downloads/treatment.pdf.
- c. Each application must include technical documents that support the information supplied. Please attach the supporting documentation in the form of a PDF or Word file. The page number requested for specific technical information should be the PDF or Word document page number. Any large blueprints can be attached as a separate file. These drawings need to be in a high resolution format so that details can be clearly seen.
- d. Fill in each field of the application completely. Review of the application will not begin until all information is received. If a field is not applicable, please put "N/A" in the space provided.
- e. All responses and supporting materials in this application must be written in English.
- f. After receiving all requested information and required documentation, application approval may take as long as 60 (sixty) days.
- g. Once the application has been approved by APHIS-S&T, an onsite certification inspection may be scheduled.
- h. Facilities located in the United States should contact USDA-APHIS PPQ Field Operations (PPQ.Ops.Treatments@usda.gov) to discuss the certification process and requirements. If the facility will be constructed inside the US, (1) it must be within 10 miles of the port to receive seed; (2) its initial plan request should be approved by the State Plant Health Director (SPHD); and (3) it must operate under a Compliance Agreement signed by a facility representative and USDA-APHIS.
- i. Facilities located in countries other than the United States should contact the National Plant Protection Organization (NPPO) in their country to request information and submit their applications. The foreign country NPPO will then forward the application to USDA-APHIS International Services. (Your applicable International Services office can be located at https://www.aphis.usda.gov/aphis/ourfocus/internationalservices/contact_map.) Applications will then be forwarded to PPQ Phytosanitary Issues Management (PIM), and finally Preclearance and Offshore Programs (POP). Foreign facilities should not contact PPQ without first consulting with their NPPO.
- j. Questions regarding the application should be routed to:

USDA-APHIS-PPQ-S&T-TMT
Phone: +1-305-278-4877
ppqmt@usda.gov

1. CONTACT INFORMATION

This information will be used by USDA as the official contact information for this facility.

NAME OF COMPANY	NAME AND TITLE OF REQUESTOR
ADDRESS OF REQUESTOR	TELEPHONE
	EMAIL

Agent Responsible for Facility Operation (if different from Requestor)

NAME OF COMPANY	NAME OF AGENT
ADDRESS OF AGENT	TELEPHONE
	EMAIL

1. CONTACT INFORMATION, CONTINUED

Location of Treatment Facility

NAME OF FACILITY

STREET ADDRESS OF FACILITY

CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
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<input type="checkbox"/> (Required) Attach a map showing the location of the treatment facility (drawing or satellite map). Indicate the page number(s) where this item can be found in the attached technical documentation.	PAGE NUMBERS / FILENAME
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Local APHIS-PPQ Contact

Complete this section only if the facility is located in the United States. If the facility is located outside the United States, leave blank.

NAME	TITLE AND UNIT
TELEPHONE	EMAIL ADDRESS

2. TYPE OF REQUEST

What type of request is this? (Check one only)

- Request for approval of a new facility. (Facility is fully built and all equipment is in place.)
- Request for approval of plans to begin construction of a new facility. (For this type of request, only fill out sections 1 and 2 and attach facility drawings/plans. When the facility is fully built and all equipment is in place, you will need to submit a full application.)
- Request for approval of modifications to an existing facility that was previously certified by USDA.

If this is a request for approval of modifications to a facility that was previously certified, ONLY complete the sections below where changes have been made since the last time the facility was certified. If no changes have been made for a particular section, leave it blank.

If requesting approval of modifications to an existing facility, please describe each modification below:

3. OPERATING PROCEDURE

<input type="checkbox"/> (Required) Attach a written description of all operational processes of the facility, including the work flow of the treatment process from seed reception to shipping, a description of how the treatment begins and concludes, and a pest control plan. Include diagrams where appropriate. Indicate the page numbers/filename where this information can be found in the attached technical documentation.	PAGE NUMBERS / FILENAME
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4. DESIGN / LAYOUT

General Design

TYPE OF FACILITY HEAT/VACUUM CHAMBER OTHER, PLEASE DESCRIBE:
(Check one or more.) CONVEYOR SYSTEM

Does the facility have a highly visible light or audible sound to indicate if equipment is malfunctioning? YES NO

<input type="checkbox"/> (Required) Attach a facility diagram that shows all aspects of the facility, including the area for seed arrival, separate areas for storage of untreated and treated seed, barriers to prevent cross-contamination of untreated and treated seed, seed processing equipment, location of heating equipment relative to the treatment chamber or conveyor, and post-treatment packing area.	PAGE NUMBERS / FILENAME
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5. EQUIPMENT

Heating Unit

MANUFACTURER

MODEL

HEATING CAPACITY (BTU)

(Required) Attach a schematic of the treatment chamber or conveyor system showing dimensions, direction of hot air flow, location of all temperature sensors, direction of seed flow and length of conveyor (for conveyor systems only), chamber capacity and configuration of totes, bags or pallets (for heat/vacuum chamber systems only).

PAGE NUMBERS / FILENAME

Conveyor System*(If this facility does not use a conveyor system, leave this section blank.)*

Does the conveyor have a speed indicator (in RPM)?

 YES NO

Can the conveyor speed be adjusted to achieve the correct speed for USDA treatments?

 YES NO

Does the conveyor have at least 2 permanent temperature sensors, one at the beginning and one at the end of the treatment area?

 YES NO

Is there a system to divert untreated seeds away from treated seeds, so that they do not mix?

 YES NO**Temperature Recorder** *(must be approved by USDA)*

Is the recorder a USDA-approved model?

 YES NO

MANUFACTURER

MODEL

QUANTITY OF RECORDERS

Is the recorder password protected and tamper-proof?

 YES NO

Is the recorder capable of recording temperature every 4 minutes (or more often)?

 YES NO

(Required) Attach a recorder printout displaying all sensors. Printout must include temperature unit, time/date, and alarm set points. Indicate the page numbers and/or filename where this information can be found in the attached technical documentation.

PAGE NUMBERS / FILENAME

RECORDER SERIAL NUMBER 1

RECORDER SERIAL NUMBER 2

RECORDER SERIAL NUMBER 3

Temperature Sensors

MANUFACTURER

MODEL

TOTAL NUMBER OF PERMANENT SENSORS

Is the temperature recording system (recorder and permanent sensors together) accurate to $\pm 0.5^\circ\text{F}$ ($\pm 0.3^\circ\text{C}$) of true temperature? YES NO**Equipment for Facility Certification**Does the facility have a calibrated certified reference thermometer with a temperature range up to at least 270°F (132.2°C)? YES NO

MANUFACTURER OF CERTIFIED REFERENCE THERMOMETER

MODEL OF CERTIFIED REFERENCE THERMOMETER

Who will supply the portable sensors for certification?

 THE FACILITY (PLEASE FILL OUT THE NEXT SECTION) OTHER PARTY, PLEASE SPECIFY WHO:*The portable sensors used during certification require approval. Approved manufacturers/models are listed in Appendix E of the USDA Treatment Manual.*

Are the portable sensors USDA-approved equipment?

 YES NOAre they accurate to at least $\pm 0.1^\circ\text{C}$ of true temperature? YES NO

Are they calibrated at least once a year?

 YES NO

(Required) Attach a specification sheet and recent calibration certificates for the portable sensors and reference thermometer.

6. SAFETY

- Are hot pipes insulated or otherwise protected? YES NO
- Are safety plates installed on all pulley and belt systems? YES NO
- Do all catwalks and stairways have railings for safety? YES NO
- Is there sufficient lighting in all working areas? YES NO
- Does the facility have fire extinguishers? YES NO
- Does the facility have a first aid kit? YES NO
- Are all electrical systems earth-grounded? YES NO
- Does all electrical wiring throughout the facility meet both international, as well as local safety code requirements? YES NO
- Does the facility use a commercial line conditioner (surge protector) to protect computers and microprocessors? *(Recommended, not required)* YES NO
- Does the facility have a back-up generator in case of power outages? *(Recommended, not required)* YES NO
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7. ATTACHMENTS (supporting documentation)

Are the following technical documents included in the submission attachments?

- Map of facility location YES NO
- A written description of all operational processes of the facility, including facility pest control plan YES NO
- Facility diagram that shows all aspects of the facility YES NO
- Schematic of the treatment chamber or conveyor system YES NO
- Recorder printout YES NO
- Technical specifications and recent calibration certificates for the portable sensors and reference thermometer for facility certification YES NO
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8. ADDITIONAL INFORMATION

Information critical to treatment at your facility not otherwise captured in this application form. Please describe below:

9. REQUESTOR SIGNATURE

SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
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