



Request for Irradiation Domestic ICA 55

STERITECH Protecting what matters

		Order (Office					
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Request Details							
Company Name:		(Contact Name:				
Mobile:		I	Email:				
Order Details							
P.O (if applicable):		Pallet S	Spaces:	Che	eps:		
ETA to Steritech – Date:		-	Time:				
Plant Health Certifica	te						
Consignor/s:							
Consignee:							
Grower Address:							
(If there are multiple addresses,	, please include in the N	lotes sed	ction at the bottom of t	his page.)			
ICA-55 Date Code Label:							
Treatment Details							
Dose:				State:			
Dosc.				State.			
Commodity	Grower		Suburb	Qty	No. Spaces	Temp.	
					Table continu	ues on Page 2	
Collection From Sterit	ech				Table Continu	les on Fage 2	
Dispatch Date:			Dispatch Time:				
Address:							
Steritech to book Transp	ort?						
IF YES ► Destination: Expected Delivery Date:							
IF NO ► Third Party Truck Company Name:							
	Company Name:						
Notes	Company Name:						

Declaration						
By submitting this Request for Irradiation, I authorise the irradiation of this consignment and accept the responsibilities and conditions specified in Steritech's Agreement for Fresh Produce Irradiation Processing .						
Signed	Date					

Form Submission

Please email completed form to **mrforders@steritech.com.au**, at least 24 hours before processing. For same day processing, please ensure fresh produce is delivered before 8am.

Treatment Details Continued...

Commodity	Grower	Suburb	Qty	No. Pallets	Temp.

