



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

ADAM H. PUTNAM
COMMISSIONER

Rule 5E-14.142, F.A.C.
Telephone: (850) 617-7996; Fax: (850) 617-7968

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd, Suite N,
Tallahassee, FL 32399-1650

FUMIGATION LOG

Fumigation Company:					License #:	
Fumigation Site Address:						
Date & Time of Arrival:		_____ AM/PM		Target Pest:		
Type of Structure:	Frame Crawl <input type="checkbox"/>	Masonry Crawl <input type="checkbox"/>	Garage Attached <input type="checkbox"/>			
	Frame Slab <input type="checkbox"/>	Masonry Slab <input type="checkbox"/>	Garage Detached <input type="checkbox"/>			
TENT UP INFORMATION - List All Personnel/ Crew Members Involved						
Name of COIC - Fumigation:		Credential #:		COIC Phone #:		
Name of SPID:		Credential #:				
Name of Crew Member:		Credential #:				
Name of Crew Member:		Credential #:				
Calculator Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Exposure			OZ-Hr Required	
Dosage Factor		Relative Humidity				
Tarp Condition		Amp per fan			Pic Total (oz)	
Seal Condition					Number of Pic Sites	
Wind (mph)		Estimated HLT			Ounces per Site	
Volume (MCF)		Dosage (oz/MCF)				
Underseal		Gas Required (Lb)				
Temperature (F)		Max Release Rate				
INTRODUCTION INFORMATION -						
Fumigant Used			Pounds Applied:			Cylinder #
Time of Release	_____ AM/PM					Lot #
TEAR DOWN INFORMATION - List All Personnel/ Crew Members Involved						
Name of COIC - Fumigation:		Credential #:		COIC Phone #:		
Name of SPID:		Credential #:				
Name of Crew Member:		Credential #:				
Name of Crew Member:		Credential #:				
Date :		Arrival Time:	_____ AM/PM	Time Seal Broken:	_____ AM/PM	
Active 1 hour Aeration	Start	_____ AM/PM	Passive Aeration	Start:	_____ AM/PM	
	Finish	_____ AM/PM		Finish:	_____ AM/PM	
CLEARANCE INFORMATION - Structure cleared to 1ppm or less						
Date:			Detector Used:			
Time:	_____ AM/PM		Last Calibration Date:			
Cleared by:			Credential #:			
Job Monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If Monitored - Readings: in oz/1000 ft³						
Location:	Equilibrium Readings ¹ _____ AM/PM	Interim Readings ² _____ AM/PM	Terminal Readings _____ AM/PM	Hours Elapsed Between Readings ³	Actual HLT (hr)	
1)						
2)						
3)						
4)						
5)						
Average:						
¹ Use Function 1 if your first readings are not at equilibrium ² Recommended 3-6 hr after equilibrium ³ Hr between equilibrium and terminal readings						
Correction Information (additional gas in lbs, if needed):						
COMMENTS/ISSUES REGARDING THIS JOB:						