



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

**FUMIGATION INSPECTION REPORT**

WILTON SIMPSON  
COMMISSIONER

Rule 5E-14.1025, F.A.C.  
Telephone: (850) 617-7996

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

File No.		Date:			
Fumigation Company:			License #:		
Fumigation Site Address:					
Subcontracted for:					
Type of Structure:	Frame Crawl <input type="checkbox"/>	Masonry Crawl <input type="checkbox"/>	Connected Structure <input type="checkbox"/>	Target Pest:	
No. of Stories: _____	Frame Slab <input type="checkbox"/>	Masonry Slab <input type="checkbox"/>	Structure Occupied <input type="checkbox"/>	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>
<b>FUME SETUP AND GAS INTRODUCTION (FGI) - List All Personnel / Crew Members Involved and On Site</b>					
Date & Time of Arrival of Inspector:	_____ AM/PM	COIC Per Warning Sign:			
Name of Individual in Charge:			Credential #:	(Cert. Op./SPID)	
Name of SPID/FID:			Credential #:	(SPID/FID)	
Name of Additional Crew Member:			Credential #:		
*Name of Additional Crew Member:			Credential #:		
Est. Volume (MCF):	_____	Warning Signs Correct and Present on All Entrances:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>INTERIOR FUME PREPARATIONS</b>		Food Bagged/Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Opened:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Doors Opened	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crawl Space and Attic Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Fans:	_____	Pic Introduced:	_____ AM/PM	Pic Total (oz):	_____
Number of Pic Sites:	_____	Ounces per Site:	_____	PPE Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Final Walk through:	_____ AM/PM	Secondary Locks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tent Sealed:	_____ AM/PM
<b>INTRODUCTION INFORMATION</b>					
Calculator Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fumigant Brand Name:	_____	Cylinder #:	_____
EPA Reg. No:	_____	Cylinder labeled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lot #:	_____
Time of Release:	_____ AM/PM	Pounds Applied:	_____	PPE Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Two SCBA's:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TENT ON</b>					
Warning Signs on all sides of structure:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Warning Signs Accurate:	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tarps sealed tightly:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Excessive holes, tears, openings:	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FUMIGATION AERATION AND CLEARANCE (FAC) - List All Personnel / Crew Members Involved and On Site</b>					
Date & Time of Arrival of Inspector:	_____ AM/PM	Video Recorded:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crew Arrival:	_____ AM/PM	CO or SPID Present at opening of Seal?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time Seal Broken:	_____ AM/PM	COIC Per Warning Sign:			
Name of Individual in Charge:			Credential #:	(Cert. Op / SPID)	
Name of SPID/FID:			Credential #:	(SPID / FID)	
Name of Additional Crew Member:			Credential #:		
*Name of Additional Crew Member:			Credential #:		
Entered with SCBA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pic evaporation containers present/removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Warning Signs on doors when tents removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Secondary locks on exterior doors?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Active 1-hour Aeration	Start	_____ AM/PM	Length of Required Aeration:	<input type="checkbox"/> 6 hr <input type="checkbox"/> 8 hr	
	Finish	_____ AM/PM	Structure Re-secured with Warning Signs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any unauthorized entry into structure prior to clearance notice being posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain in comments below	
<b>FINAL CLEARANCE INFORMATION – Structure cleared to 1ppm or less:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date:	_____				
Time:	_____ AM/PM				
Cleared by:	_____		Credential #:	_____	
Device Name:	_____	Serial Number:	_____	Last Calibration Date or Days Remaining:	_____
<b>COMMENTS/ISSUES REGARDING THIS JOB:</b>					
<b>*Additional Crew Members:</b>					
Name of Additional Crew Member:		Credential #:		<input type="checkbox"/> FAC <input type="checkbox"/> FGI	
Name of Additional Crew Member:		Credential #:		<input type="checkbox"/> FAC <input type="checkbox"/> FGI	
(Signature of FDACS Field Inspector)			(Print Inspector Name)		