

# Fumigation Management Plan

(For Rodent Control)

## Preliminary Planning & Preparation

What is the purpose of the fumigation?

Elimination of vertebrate pests

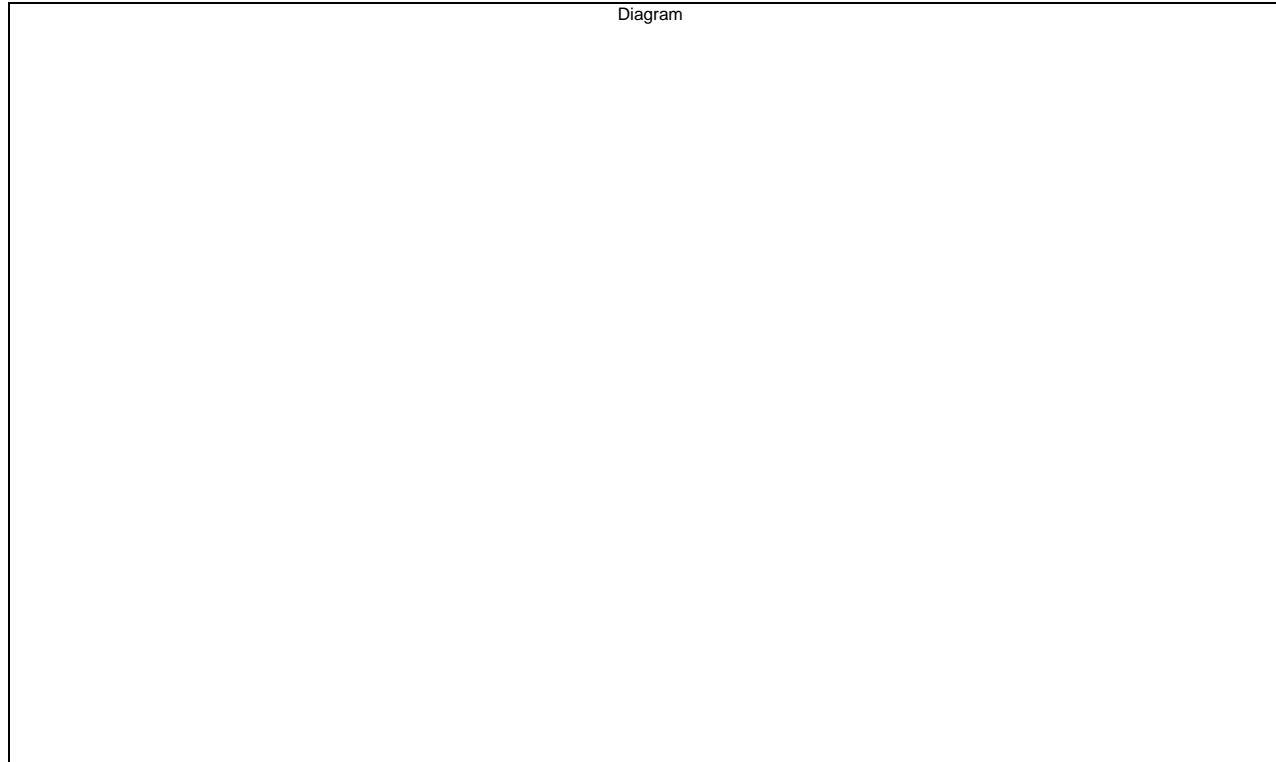
What type of fumigation is it?

Rodent Burrow

Area to be fumigated:

Fully describe the fumigation area, and draw a diagram, including adjacent buildings and critical areas nearby:

Diagram



Previous treatment history:


### Accessibility of utility service connections:

Emergency shut-off stations for electricity, water and gas  
Nearest telephone or other means of communication

Show on Diagram  
Show on Diagram

Persons who routinely enter area to be fumigated  
(employees, visitors, customers, etc.)

List of people:	

Emergency phone numbers of local health, fire, police, hospital, etc.:


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Emergency Response Plan:	<input type="checkbox"/> Reviewed Emergency Response Plan with employees
Review Applicator's Manual and MSDS:	<input type="checkbox"/> Phostoxin pellets & tablets
	<input type="checkbox"/> Detia-Phos pellets & tablets
MSDS or Applicator's Manual given to tenant or occupant on property	<input type="checkbox"/> Required information given to property tenant or homeowner
<b>Application:</b>	
Endangered species considered:	<input type="checkbox"/> Endangered species list received and reviewed
	<input type="checkbox"/> Chipmunks are not being controlled
Product Used:	<input type="checkbox"/> Phostoxin pellets & tablets
	<input type="checkbox"/> Detia-Phos pellets & tablets
Rate of Application	Rate:
Soil Type	
Ambient Temperature	Temperature:
Approximate Soil Moisture	Soil Moisture:
Wind Speed	Wind Speed:
Acreage or Square Footage Treated	Acres/Square Feet:
Sealing Procedure:	List sealing procedures and methods:
Minimum Exposure Period:	Minimum Exposure Period: 72 hours
Special Aeration Requirements	
Minimum Distance From Occupied Structures: 15 ft.	<input type="checkbox"/> No burrows being treated within 15 ft. of an occupied structure
Other Tasks:	<input type="checkbox"/> Label and MSDS available
	<input type="checkbox"/> Emergency Response Plan reviewed
	<input type="checkbox"/> Documented training of all applicators and handlers
	<input type="checkbox"/> All Safety Equipment Available: List the equipment:
Personnel:	<input type="checkbox"/> Confirm in writing that all personnel in and around the structure and/or area to be fumigated have been notified prior to application of the fumigant. Use a checklist showing that each employee has received notification and attach to FMP.
Personnel Continued:	<input type="checkbox"/> Instruct all fumigation personnel to read the Applicator's Manual concerning the hazards that may be encountered, the selection of personal protective equipment (PPE), including detection equipment
	<input type="checkbox"/> Confirm that all personnel are aware of and know how to proceed in case of an emergency response reporting
	<input type="checkbox"/> Instruct all personnel on how to report any accident and/or incidents related to fumigant exposure. Provide a telephone number for emergency response reporting
	<input type="checkbox"/> Instruct all personnel to report to proper authorities any theft of fumigant and/or equipment related to fumigation
	<input type="checkbox"/> Establish a meeting area for all personnel in case of an emergency

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**Post Application:**

Monitoring Log: Monitoring of phosphine concentrations must be conducted in areas to prevent excessive exposure and to determine where exposure may occur. Document where monitoring will occur. Show on Diagram  
Document even if zero readings

**Monitoring Log:**

Detection Equipment Used:	Application	Readings (ppm)
	Date:	
	Time:	
	Location:	
If levels above 0.3 ppm, corrective actions must be taken:	Application	Readings (ppm)
List corrective actions:	Date:	
	Time:	
	Location:	
Note: Worker exposure monitoring is mandatory	Exposure Period	Readings (ppm)
	Date:	
	Time:	
	Location:	

Exposure Period	Readings (ppm)
Date:	
Time:	
Location:	

Exposure Period	Readings (ppm)
Date:	
Time:	
Location:	

Aeration	Readings (ppm)
Date:	
Time:	
Location:	

Aeration	Readings (ppm)
Date:	
Time:	
Location:	

Aeration	Readings (ppm)
Date:	
Time:	
Location:	

**Special Notes:**

Fumigation Management Plan Prepared By:  
Company:  
Date:  
Phone Number:
