**Fumigation Management Plan**

**Methyl Bromide**

**Master Fumigation Management Plan (FMP)**

A Fumigation Management Plan (FMP) is an organized, written description of the required steps involved to help ensure a safe, legal, and effective fumigation. It will also assist you and others in complying with pesticide product label requirements. Before any fumigation begins, carefully read and review the label and the Applicator's Manual. This information must also be given to the appropriate company officials (supervisors, foreman, safety officer) in charge of the site. Preparation is the key to any successful fumigation. The success of the fumigation is not only dependent on your ability to do your job but also upon carefully following all rules, regulations, and procedures required by governmental agencies. **THE USE OF THIS FUMIGANT MAY BE PROHIBITED AT VARIOUS SITES, INCLUDING RESIDENTIAL AND PUBLIC FOOD SERVICE FACILITIES. REFER TO THE LABEL FOR ANY RESTRICTIONS.**

**Preliminary Planning & Preparation**

A Fumigation Management Plan is required and must be verified to be accurate **by the certified applicator supervising the fumigation** prior to and for each fumigation application. If you perform multiple or daily fumigations of the same type, copies of pages 6 & 7 can be used for efficacy and worker/public safety monitoring, and filed with the "Master" FMP (Pages 1-5). Monitoring must be performed periodically. Some situations may require more frequent monitoring (or even continuous monitoring) depending upon the potential for exposure. If you have any questions re: FMP's, please contact Cardinal Professional Products at 1-800-548-2223.

<table>
<thead>
<tr>
<th>What is the purpose of the fumigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Elimination of insect infestation</td>
</tr>
<tr>
<td>☐ Elimination of vertebrate pests</td>
</tr>
<tr>
<td>☐ Plant or insect pest quarantine</td>
</tr>
<tr>
<td>☐ Other: (explain)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What type of fumigation is it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Space: tarp, mill, warehouse, food plant or other</td>
</tr>
<tr>
<td>☐ Vehicle: railcar, truck trailer, van, container <strong>DO NOT FUMIGATE IN TRANSIT</strong></td>
</tr>
<tr>
<td>☐ Commodity: raw agricultural or processed foods or non-food</td>
</tr>
<tr>
<td>☐ Vessel: ship or barge; Read U.S. Coast Guard Regulation 46CFR 147A</td>
</tr>
<tr>
<td>☐ Quarantine treatment</td>
</tr>
<tr>
<td>☐ Other, Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commodity to be fumigated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area to be fumigated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the enclosure suitable for fumigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes. If not then do not fumigate and consider alternate treatment strategies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has area been previously fumigated? Is there an existing FMP from a previous fumigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes, was previously fumigated, and the FMP has been reviewed</td>
</tr>
<tr>
<td>☐ No, has never been fumigated before, or when last treated, a FMP was not required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes to the structure, leak points &amp; adjacent occupied buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes, previous records have been reviewed. Any changes have been incorporated into this FMP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous treatment history:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe fumigation enclosure construction materials:</td>
</tr>
<tr>
<td>Construction material:</td>
</tr>
<tr>
<td>Design of structure:</td>
</tr>
<tr>
<td>Approximate age of structure:</td>
</tr>
<tr>
<td>Fire or combustibility issues</td>
</tr>
<tr>
<td>Connected structures</td>
</tr>
<tr>
<td>Additional information:</td>
</tr>
</tbody>
</table>

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Fumigation Management Plan

Methyl Bromide

Diagram of Fumigation Enclosure

Fully describe the fumigation structure, and draw a diagram, including adjacent buildings and critical areas nearby. Denote features, hazards, structural characteristics about the structure to be fumigated. **Check, mark and prepare the points of fumigation application locations if the job requires entry into the structure for fumigation. Also use this diagram to detail the monitoring plan. Note monitoring points for efficacy and safety monitoring for workers, bystanders and nearby occupied structures (when applicable). Indicate where the treatment and aeration buffer zones are in relation to the fumigation enclosure. Note any residence or business within 50 feet of the treatment or aeration buffer zones.**

Accessibility of utility service connections
Show on Diagram
Location of Command Center
Show on Diagram

Emergency shut-off stations for electricity, water and gas
Show on Diagram
Location of cylinders
Show on Diagram

Nearest telephone or other means of communication
Show on Diagram
Location of introduction/monitoring lines
Show on Diagram

Application points if the structure/enclosure is entered for application
Show on Diagram
Connected and/or nearby occupied structures
Show on Diagram

Off-site meeting area in case of emergency
Show on Diagram, or note here for description of location:
Show on Diagram

Secondary Aeration Location (if applicable)
## Fumigation Management Plan
### Methyl Bromide

**Persons who may routinely enter area to be fumigated, treatment buffer zone, or aeration buffer zone**

Please include any occupied structure exceptions, as well as any transit exceptions.

**Name and phone numbers of company officials:**

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

**Emergency Response Plan:**

Methyl Bromide "Information for Neighbors"

Procedures developed for local authorities to notify nearby residents in case of emergency, consult with owners if available.

Description of procedures: For methyl bromide, procedures & appropriate safety measures for nearby handlers & public personnel who will be in and around the area during fumigation & aeration. Consult with owners and appropriate employees.

**Length of time for entire fumigation period, including exposure, aeration, and clean up time**

**Special aeration requirements**

**Cleanup requirements, including equipment and personnel needs, if necessary**

Review & offer FMP, any prior FMP, Applicator’s Manual and SDS with company officials and appropriate employees & handlers

Check appropriate documents reviewed:

- FMP reviewed
- Label/Applicator’s Manual reviewed
- SDS reviewed

**Treatment buffer zone (distance from enclosure)**

Aeration buffer zone (distance from enclosure)

Type Of Aeration (circle one)

**Fumigation Management Plan**

**Methyl Bromide**

| Persons who may routinely enter area to be fumigated, treatment buffer zone, or aeration buffer zone |
| (Please include any occupied structure exceptions, as well as any transit exceptions) |

| Name and phone numbers of company officials: |

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

| Emergency Response Plan: |

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Special aeration requirements

Cleanup requirements, including equipment and personnel needs, if necessary

Review & offer FMP, any prior FMP, Applicator’s Manual and SDS with company officials and appropriate employees & handlers

Check appropriate documents reviewed:

- FMP reviewed
- Label/Applicator’s Manual reviewed
- SDS reviewed

Treatment buffer zone (distance from enclosure)

Aeration buffer zone (distance from enclosure)

Type Of Aeration (circle one)
Application:
Product Used:

<table>
<thead>
<tr>
<th>Product Used</th>
<th>EPA Reg. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardinal Methyl Bromide 100</td>
<td>8536-15</td>
</tr>
<tr>
<td>Cardinal Methyl Bromide Q</td>
<td>8536-29</td>
</tr>
<tr>
<td>Meth-O-Gas 100</td>
<td>5785-11</td>
</tr>
<tr>
<td>Meth-O-Gas Q</td>
<td>5785-41</td>
</tr>
</tbody>
</table>

Rate of Application
- Commodity Temperature or Ambient Temperature
- Humidity or Commodity Moisture
- Wind Speed
- Volume of the Structure (cubic footage)

Sealing Procedure:
List sealing procedures and methods: (If building or structure has been treated before, review previous FMP)

Check for obvious or hidden leakage points that may allow for passage of fumigant from the fumigation enclosure to the exterior or to occupied structures (e.g., conduit, ducts, vents, etc.)

Check with Facility Manager; Mark on Diagram, Pg. 2

Turn off all electrical lights and non-essential motors in the fumigation enclosure

Warning Signs posted at all entries and at least each side of the fumigation enclosure and confirmed by the certified applicator

Minimum Exposure Period:
FMP, Label/Applicator's Manual and SDS available
Emergency Response Plan reviewed
Documented training of all applicators and handlers
Confined Space Entry Compliance
All Safety Equipment Available: List the equipment:

Name of Facility Manager:

Notes:

Warning signs posted at each entry

Minimum Exposure Period:

Other Locations:
Fumigation Management Plan

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Personnel:

☐ 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.

☐ 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.

☐ Confirm that all personnel are aware of and know how to proceed in case of an emergency response reporting.

☐ Instruct all personnel on how to report any accident and/or incidents related to fumigant exposure. Provide a telephone number for emergency response reporting.

Name of Responsible Person: ____________________________ Phone Number: ____________________________

☐ Instruct all personnel to report to proper authorities any theft of fumigant and/or equipment related to fumigation.

☐ Establish a meeting area (off-site) for all personnel in case of an emergency, and mark on Diagram on page 2 or list the location here:

☐ Only persons directly involved in the fumigation may enter the area under fumigation, unless it has been determined that concentrations are below 1 ppm.

It is recommended that you use real-time monitoring devices with 0.5 ppm sensitivity e.g.: ToxiRae Pro PID (Industrial Hygiene Version Only), IST or PureAire.

Description of Monitoring Equipment:
(Describe equipment used and any limitations)
Calibration date of equipment (if applicable):

RESPIRATORY PROTECTION MUST BE AVAILABLE FOR ALL APPLICATIONS, INCLUDING APPLICATIONS FROM OUTSIDE THE AREA TO BE FUMIGATED.

Fumigation Management Plan Prepared By:
Licensed Applicator: (For application)
License #: ____________________________
Company: ____________________________
Date: ____________________________
Phone Number: ____________________________

Note any spills, equipment failures and other emergencies:
Record of complaints related to the fumigation received by the applicator during or after the fumigation must include:

Description of what happened:
Emergency procedures followed:
Was the incident reported to the state lead agency or other agency (if required):
Contact information for the person filing the complaint:
Description of control measures or emergency procedures followed after the complaint, if any:

For monitoring fumigations, use pages 6 and 7 for individual or daily applications and attach or keep in a file with the Master FMP (Pages 1-5) Maintain records for two years

I, ____________________________ (certified applicator supervising the fumigation), do hereby verify that all of the information contained in this document reflects current site conditions and is accurate and identifies all elements of the specimen label and manual for the fumigant used.

Signature: ____________________________ Date: ____________________________ (Must be signed and dated prior to the start of the fumigation).
**Fumigation Management Plan**  
**Methyl Bromide**

**Fumigation Monitoring: Efficacy and Worker/Public Safety**

For multiple fumigation applications, make copies of Pages 6-11 and attach to the Master FMP (Pages 1-5). Worker exposure and aeration monitoring must be performed and documented for every application. Each fumigation may have different monitoring requirements.

### Post Application: Application & Efficacy Monitoring

**Monitoring Log: (During Application and Exposure Period)**

<table>
<thead>
<tr>
<th>Efficacy Monitoring</th>
<th>Readings (oz/1,000 ft³)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring Date:</td>
<td></td>
</tr>
<tr>
<td>Monitoring Time:</td>
<td></td>
</tr>
<tr>
<td>Location in structure:</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Monitoring Plan and Monitoring Equipment Used:**

<table>
<thead>
<tr>
<th>Efficacy Monitoring</th>
<th>Readings (oz/1,000 ft³)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>Location in structure:</td>
<td></td>
</tr>
</tbody>
</table>

*Appropriate monitoring equipment must be available and confirmed by certified applicator, or a person under his/her supervision*

*If re-entry is necessary before aeration commences, respiratory protection must be worn, or remote monitoring must be used before entry to the fumigation enclosure to show readings are below 1.0 ppm*

**Notes:**

<table>
<thead>
<tr>
<th>Efficacy Monitoring</th>
<th>Readings (oz/1,000 ft³)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring Date:</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Location in structure:</td>
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</tbody>
</table>

**For multiple fumigation applications, make copies of Pages 6-11 and attach to the Master FMP (Pages 1-5). Worker exposure and aeration monitoring must be performed and documented for every application. Each fumigation may have different monitoring requirements.**
# Fumigation Management Plan

## Methyl Bromide

**Emergency Preparedness Measures**

What emergency preparedness measures will be taken?

- If fumigant site monitoring is chosen, please note here the location(s) and frequency of the monitoring to take place

- Distance of the occupied structure(s) from the treatment area:

- Equipment used for real time monitoring:

**Fumigant Site Monitoring Log (only fill this out when fumigant site monitoring is chosen)**

- Location in structure:
- Readings PPM
- Monitoring Date:
- Monitoring Time:

Please refer to the emergency preparedness measures section of the label for a full description of the steps necessary

Monitoring must begin within 1 hour of the start of the application and continue until the buffer zone period expires with a minimum of 2 air samples taken at least 1 hour apart every 6 hours during the buffer zone periods.

**Notes:**

- Location in structure:
- Readings PPM
- Monitoring Date:
- Monitoring Time:

- Location in structure:
- Readings PPM
- Monitoring Date:
- Monitoring Time:

- Location in structure:
- Readings PPM
- Monitoring Date:
- Monitoring Time:

- Location in structure:
- Readings PPM
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- Monitoring Time:

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- Monitoring Date:
- Monitoring Time:

- Location in structure:
- Readings PPM
- Monitoring Date:
- Monitoring Time:

- Location in structure:
- Readings PPM
- Monitoring Date:
- Monitoring Time:

If information for neighbors is chosen, please attach a copy of the handout and list here the method of distribution and the date distribution was done.
### Buffer Zone Entry Restrictions

Are there any buffer zone entry restrictions exceptions? If yes, which exceptions (please check all that apply):

- [ ] Yes
- [ ] No

*Occupied Structure Exception* ________  
*Transit Exception* ________

Please refer to the exception to buffer zone entry restrictions section of the label for a full description of the steps necessary.

---

### Occupied Structure Exception Monitoring Log (when applicable)

<table>
<thead>
<tr>
<th>Location in structure:</th>
<th>Monitoring Date:</th>
<th>Monitoring Time:</th>
<th>Readings PPM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

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**For structures that have been vacated, persons may not re-enter until one air sample for methyl bromide, taken in the breathing zone on each floor of the structure after the termination of the aeration buffer zone indicates 1.0 ppm or less methyl bromide.**

Please list any immediate intervention procedures in case the concentrations of the readings exceeds 1.0PPM:

---

### Transit Exception (when applicable)

<table>
<thead>
<tr>
<th>Distance of transit location from the treated space:</th>
<th>Estimated length of time the transit is expected to last (not to exceed 30 minutes in any 24 hour period):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Transit is not allowed if horizontal stacks are used.</em></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Location in structure:</th>
<th>Monitoring Date:</th>
<th>Monitoring Time:</th>
<th>Readings PPM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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**Transit Exception** ________
Post Application: Worker & Public Safety

Monitoring Log: Monitoring of fumigant concentrations must be conducted in areas surrounding the treatment area to prevent excessive exposure and to determine where exposure may occur. Document where monitoring will occur. Show on Diagram on Page 2. Document even if zero readings.

Detection Equipment Used: ____________________________________________

If levels above 1.0 ppm corrective actions must be taken.
List corrective actions: _____________________________________________

Note: Worker exposure monitoring is mandatory
Note: Only workers related to fumigation can re-enter fumigation area during the exposure period unless it has been determined that gas concentrations are at or below 1.0 ppm

Post Application: Worker & Public Safety (continued)

For methyl bromide, an appropriate exterior monitoring plan that will conform with the requirements of the treatment and aeration area buffer zones to ensure that nearby handlers and bystanders are not exposed to levels above the allowed limits during fumigation and aeration and consult with owners, if available.

Notes:
_________________________________________________________________
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_________________________________________________________________
## Fumigation Management Plan

### Methyl Bromide

### Fumigation Handler Work Time Restriction Monitoring

**Work to be performed:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Monitoring Date</th>
<th>Monitoring Time</th>
<th>Readings (ppm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monitoring Date</td>
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<td>Readings (ppm)</td>
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</tbody>
</table>

**Will respiratory protection will be used during the work to be performed?**

- Yes □ No □

*(If yes, then work time restrictions may not apply. Please see label for further instructions)*

**If so, what respiratory protection will be used?**

- SCBA □ Cartridge Respirator: □

*(Only effective up to 5 ppm)*

**List of fumigation handlers that will be performing the work:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Monitoring Date</th>
<th>Monitoring Time</th>
<th>Readings (ppm)</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Monitoring equipment used**

Initial concentration reading: ___ PPM

**Initial Test requires taking 2 samples at least 15 minutes apart. Both sampling results must be less than the ‘Maximum Level Allowed Per Test’**

*Refer to Table 1. Work Time Restrictions for Maximum Entry Time per continuous 24 hours (time allowed without respiratory protection inside the Treatment Buffer Zone, Aeration Buffer Zone, Treatment Area During Aeration, and Secondary Aeration Location)*

**Notes:**

<table>
<thead>
<tr>
<th>Location</th>
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Fumigation Management Plan
Methyl Bromide

Aeration Commencement:

Certified Fumigator Available

Temperature at aeration commencement:__________

Licensee: License Number: Date: Time:
The aeration period starts at the end of the treatment period and continues until the concentration of methyl bromide is measured to be 5.0 ppm or less and the minimum time specified below has elapsed:
- 4 hours, if using mechanical aeration; or
- 12 hours, if using passive aeration.

Give a complete description of aeration procedures here:

<table>
<thead>
<tr>
<th>Aeration Monitoring (Offsite/downwind)</th>
<th>Readings (ppm)</th>
<th>Aeration Monitoring (Treatment area)</th>
<th>Readings (PPM)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
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<tr>
<td>Location:</td>
<td></td>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

If vacuum chamber, note the number of air washes used:__________
(4 air washes minimum are required)

Is a secondary aeration location being utilized? Yes_____ No_____

What type of aeration is being performed?

<table>
<thead>
<tr>
<th>Active_____</th>
<th>Passive_____</th>
<th>Both_____</th>
</tr>
</thead>
</table>

Fans Utilized________ Type:_____________________

If a secondary aeration location is used, please note that the concentration of methyl bromide must measured to be 5 ppm or less as specified in the Taking Concentration Measurement section of this label, at least ten air exchanges have been completed in the treatment area; and during removal of commodity from fumigation chambers, all aeration fans must continue to run while handlers enter and exit the chamber to remove the commodity.

Final Aeration:

Note: Slow off-gasing, or desorption from the fumigated commodity or fumigation enclosure may occur. Extra time may be necessary for proper aeration.

- Methyl Bromide level is at or below 1.0 ppm
- Remove warning placards
- Inform employees that area is clear and allow re-entry
- Final aeration readings taken by:

Date: Time: 
Certified Applicator: License Number:

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