

# Fumigation Management Plan

## Master Fumigation Management Plan (FMP)

### Preliminary Planning & Preparation

A Fumigation Management Plan is required for each type of fumigation application. If you perform multiple or daily fumigations of the same type, copies of pages 5 & 6 can be used for efficacy and worker/public safety monitoring, and filed with the "Master" FMP (Pages 1-4). Monitoring must be performed periodically, with a minimum of at least once per day. Some situations may require more frequent monitoring (or even continuous monitoring) depending upon the potential for exposure. Efficacy monitoring is not mandatory, but is highly recommended. If you have any questions re: FMP's, please contact Cardinal Professional Products at 1-800-548-2223.

What is the purpose of the fumigation?

- Elimination of insect infestation
- Elimination of vertebrate pests
- Plant pest quarantine
- Other: (explain)

What type of fumigation is it?

- Space: tarp, mill, warehouse, food plant or other
- Vehicle: railcar, truck trailer, van, container
- Commodity: raw agricultural or processed foods or non-food
- Type of Storage: vertical silo, farm storage, flat storage, etc.
- Vessel: ship or barge
- Rodent Burrow

Commodity to be fumigated:

Area to be fumigated:

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

Diagram

# Fumigation Management Plan

Describe fumigation enclosure construction materials:

Construction material:	
Design of structure:	
Approximate age of structure:	
Fire or combustibility issues	
Connected structures	
Additional information:	

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:	

Name and phone numbers of company officials:

Names	Phone #'s (day & night)

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


Emergency Response Plan:

Reviewed Emergency Response Plan with employees

If Fumigating a Truck Trailer (piggyback), rail car or other:  
(For In-Transit Fumigation)

Verify that training has been offered to receiving company  
 Verify that written notice has been given to receiver along with the Applicators Manual

Review Applicator's Manual and MSDS:

<input type="checkbox"/> Phostoxin pellets & tablets	EPA Reg. No. 72959-4 Tablets, 72959-5 Pellets
<input type="checkbox"/> Phostoxin Pre-pacs	EPA Reg. No. 72959-8 Prepac Rope, 72959-9 Prepac Tablets
<input type="checkbox"/> Fumi-Cels/Fumi-Strips	EPA Reg. No. 72959-6
<input type="checkbox"/> Magtoxin Pre-pac Spot Fumigant	EPA Reg. No. 72959-7
<input type="checkbox"/> Detia Fumex	EPA Reg. No. 72959-10
<input type="checkbox"/> ECO2FUME or VAPORPH3OS	EPA Reg. No. 68387-7
	EPA Reg. No. 68387-8

# Fumigation Management Plan

**Application:**

Product Used:

<input type="checkbox"/>	Phostoxin pellets & tablets	EPA Reg. No. 72959-4 Tablets, 72959-5 Pellets
<input type="checkbox"/>	Phostoxin Pre-pacs	EPA Reg. No. 72959-8 Prepac Rope, 72959-9 Prepac Tablets
<input type="checkbox"/>	Fumi-Cels/Fumi-Strips	EPA Reg. No. 72959-6
<input type="checkbox"/>	Magtoxin Pre-pac Spot Fumigant	EPA Reg. No. 72959-7
<input type="checkbox"/>	Detia Fumex	EPA Reg. No. 72959-10
<input type="checkbox"/>	ECO2FUME	EPA Reg. No. 68387-7
<input type="checkbox"/>	VAPORPH3OS	EPA Reg. No. 68387-8

Rate of Application

Rate:
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Commodity Temperature or Ambient Temperature

Temperature:
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Humidity or Commodity Moisture

Humidity or Moisture:
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Wind Speed

Wind Speed:
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Volume of the Structure (cubic footage)

Volume:
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Sealing Procedure:

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

Warning Signs Posted:

Warning signs with EPA Reg. No., protected from weather
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Minimum Exposure Period:

Minimum Exposure Period:
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Special Aeration Requirements

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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"/>	Minimum of two applicators (if entering structure)
<input type="checkbox"/>	Confined Space Entry Compliance
<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.
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# Fumigation Management Plan

Personnel Continued:

- 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
- Instruct all personnel to report to proper authorities any theft of fumigant and/or equipment related to fumigation
- Establish a meeting area for all personnel in case of an emergency

Special Notes:

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


For monitoring fumigations, use pages 5 and 6 for individual or daily applications and attach or keep in a file with the Master FMP (Pages 1-4)

# Fumigation Management Plan

## Fumigation Monitoring: Efficacy and Worker/Public Safety

For multiple fumigation applications, Make copies of Pages 5 & 6 and attach to the Master FMP. Worker exposure and aeration monitoring must be performed for every application, or at least on a daily basis and documented. Each fumigation may have different monitoring requirements.

### Post Application: Efficacy Monitoring

Monitoring: Monitoring is necessary for efficacy  
Monitor periodically during the exposure period to assure gas concentrations are maintained for efficacious control  
Note: Efficacy monitoring is not mandatory

Monitoring Log: (During Exposure Period)

Application Date:
Application Time:

Efficacy Monitoring	Readings (ppm)
Application Date:	
Application Time:	
Location in structure:	

Efficacy Monitoring	Readings (ppm)
Application Date:	
Application Time:	
Location in structure:	

Efficacy Monitoring	Readings (ppm)
Application Date:	
Application Time:	
Location in structure:	

Efficacy Monitoring	Readings (ppm)
Application Date:	
Application Time:	
Location in structure:	

### Post Application: Worker & Public Safety

Watchmen provided when structure cannot be secured

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 on Page 1 Document even if zero readings

Monitoring Log:

Application	Readings (ppm)
Date:	
Time:	
Location:	

Detection Equipment Used:

	Application	Readings (ppm)
If levels above 0.3 ppm, corrective actions must be taken:	Date:	
List corrective actions:	Time:	
	Location:	

Note: Worker exposure monitoring is mandatory

# Fumigation Management Plan

**Post Application: Worker & Public Safety**

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:	

Aeration Commencement:

<input type="checkbox"/> Certified Fumigator Available	
<input type="checkbox"/> Temperature at aeration commencement:	
Licensee:	
License Number:	
Date:	
Time:	
Fans Utilized	Type:

Final Aeration:

<input type="checkbox"/> Levels are 0.3 ppm or below
<input type="checkbox"/> Remove warning placards
<input type="checkbox"/> Inform employees that area is clear and allow re-entry
<input type="checkbox"/> Final aeration readings taken by:
Date:
Time:
Licensee or Trained Applicator:
License Number (if licensed):