



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

WILTON SIMPSON  
COMMISSIONER

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

<b>Respond to:</b> Bureau of Inspection and Incident Response 3125 Conner Blvd, Suite N, Tallahassee, FL 32399-1650
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## FUMIGATION LOG

Fumigation Company:		License #:	
COIC Fumigation		JF#	
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"/>
<b>TENT UP INFORMATION - List All Personnel/ Crew Members Involved (Add in comment section if additional space needed)</b>			
Name of Person in Charge		Credential #:	
Name of Second Trained:		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 /Concentration
Dosage Factor/Pest		Monitored	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tarp Condition			Pic Total (oz)
Seal Condition			Number of Pic Sites
Wind (mph)		Estimated HLT/Gas Loss	Ounces per Site
Volume (MCF)			
Underseal		Dose/Gas Required (Lb)	
Temperature			
<b>INTRODUCTION INFORMATION -</b>			
Fumigant Used		Pounds Applied:	Cylinder #
Time of Release	_____ AM/PM	Released By:	Lot #
<b>TEAR DOWN INFORMATION - List All Personnel/ Crew Members Involved</b>			
Date _____	Arrival Time _____	AM/PM _____	Time Seal Broken _____
Name of Person in Charge		Credential #:	
Name of Second Trained:		Credential #:	
Name of Crew Member:		Credential #:	
Name of Crew Member:		Credential #:	
Active Aeration Started	_____ AM/PM	Aeration Started	_____ AM/PM
Active Aeration Finished	_____ AM/PM	Date and Time Aeration Finished	Date _____ AM/PM
<b>CLEARANCE INFORMATION - Structure cleared to 1ppm or less</b>			
Date:	_____	Clearance Device Used:#	
Time:	_____ AM/PM	Last Calibration Date:	
Cleared by:	_____	Credential #:	
Comments:			
If Addition Gas Added Date _____ AM/PM LBS. _____ Released By: _____ Credential _____			
If multiple structures are listed on the NOF complete one fumigation log per structure.			
If additional crew members were present for any phases of the fumigation and not listed above note in this section.			