



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

FUMIGATION INSPECTION REPORT

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

ADAM H. PUTNAM
COMMISSIONER

INFORMATION OBTAINED FROM NOTICE RECEIVED ON: DATE _____ TIME _____

Form with fields for: (Company Fumigating), (License Number), (Address of Structure Fumigated), (Business Address), (Structure use/type), (Certified Operator in Charge), (Common Name of Fumigant), (Special ID Cardholder), (Active Ingredients of Fumigant), (Day Phone Number), (Date), (Time), (Evening Phone Number), (Length of Fumigation Period)

INFORMATION OBTAINED FROM FUMIGATION SITE:

WARNING SIGNS: YES NO
Posted outside tarps on all sides of building
Posted on each entrance of structure itself
Danger & deadly poison warning
Common name of fumigant
Company address
Certified Operator in Charge
Special ID cardholder
Phone: Day & Night

TENT (TARPS) YES NO
Sealed tightly (seams, bottom)
Exposed holes, tears, slits
Leaking gas
OTHER _____

STRUCTURE:
Structure Use/type _____
Type of Seal: Tent/Tarp _____ Tape _____
Distance between structure fumigated and nearest occupied structure _____ Ft.
OTHER: _____

FUMIGANT: YES NO
Fumigant containers lying around
Free-end hoses open to outside
OTHER: _____

SAFETY EQUIPMENT: YES NO
Label recommended breathing equipment
Gas detector
Flashlight
Chloropicrin (Tear Gas) used

Abnormal hazards requiring special safety precautions: YES _____ NO _____

COMMENTS:

Date Inspected _____

Issuing Field Inspector

County