

Fumigation Management Plan (FMP) for Burrowing Pests

(Maintain for a minimum of 2 years)

Applicator's Name: _____ Lic. No. _____

Contact information for Applicator: Home Phone: _____ Cell: _____

Other people assisting in application: _____

Property Owner: _____

Contact information for Owner: Home Phone: _____ Cell: _____

EMERGENCY CONTACT INFORMATION:

Police: _____ Fire Dept.: _____

Hospital: _____ Poison Control No.: _____

() Notification given to local authorities Date notified: _____

Other Emergency Response Procedures: _____

Product Information:

Product Name: _____ EPA Reg. No. _____

Formulation: (eg. tablets, pellets) _____ Manufacturer: _____

Application Site Information:

Type of fumigation: () Closed burrow (gopher)

() Open burrow (prairie dog, ground squirrels)

() Site suitable for fumigation Date inspected: _____

() Tunnel/Burrow System more than 15 feet from inhabited structures Distance: _____

() **Site drawing done on reverse side of FMP** (to include location of structures and general location of areas within fields or pastures treated if entire area was not treated.)

Application Information:

PRE- Application Checklist:

() All assisting persons informed of accident reporting and emergency procedures

() Label, MSDS, and Applicator's Manual reviewed with all assisting persons

() All assisting persons provided and wear proper protective equipment - gloves

() Any nearby people notified of application

DURING Application Checklist:

Application Date: _____ Time: _____

Temperature: _____

Target Pest: _____ Wind dir. & speed: _____

Dosage per hole: _____ Total amount of product used: _____

() All burrows sealed after treatment

POST-Application Checklist:

() All assisting persons informed of and perform hand washing after treatment

() Clothing and gloves aerated prior to laundering

() Product returned to locked, secured area when not in use

Comments: _____

