



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

WILTON SIMPSON  
 COMMISSIONER

FUMIGATION LOG

Rule 5E-14.142, F.A.C.  
 Telephone: (850) 617-7996; Fax: (850) 617-7981

**Respond to:**  
 Bureau of Inspection and  
 Incident Response  
 3125 Conner Blvd, Suite N,  
 Tallahassee, FL 32399-1650

(B) Fumigation Company:				*License #:			
*COIC Fumigation:				*JF#			
(B) Fumigation Site Address:							
(B) Site City, State, Zip:							
*Date & Time of Arrival:				AM/PM		*Brand Name of Fumigant:	
(B) Type of Structure (check all that apply):		*Residential <input type="checkbox"/>	Masonry Crawl <input type="checkbox"/>	Frame Crawl <input type="checkbox"/>	Garage Attached <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	
# of Stories:		*Non-residential <input type="checkbox"/>	Masonry Slab <input type="checkbox"/>	Frame Slab <input type="checkbox"/>	Garage Detached <input type="checkbox"/>	No. of units _____	
<b>DOSAGE CALCULATIONS</b>			(B) Target Pest:		Tarp <input type="checkbox"/>	Tape/Seal <input type="checkbox"/>	
*Dosage Factor:		*Hours of Exposure:		*Estimated HLT:			
*Tarp Condition:		*Slab/soil temp:		*Oz-Hr Required:			
*Seal Condition:		Humidity:		*Concentration:			
*Underseal:		*Temperature:		*Lbs. required:			
*Wind (mph):		*# of Fans:	**Fan amps:	Shoot Rate:			
(B) Volume (MCF):		Monitored:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	*Pic total (oz):		
<b>INTRODUCTION INFORMATION: List Participating Employees (JF, JD, JE) (Use comment section for additional space.)</b>							
*Date/Time of Release:		AM/PM	*Lbs of fumigant applied:		*PIC applied (oz):		
*SF Cylinder #(s):		*SF Lot #(s):		*No. of PIC sites:			
*Name of Person Responsible for Introduction of PIC & SF?			*Credential #:				
			*Signature:				
*Name of Second Trained:			*Credential #:				
<b>AERATION INFORMATION - List Participating Employees (JF, JD, JE) (Use comment section for additional space.)</b>							
*Name of Person Responsible for Initiating Aeration:			*Credential #:				
			*Signature:				
*Name of Second Trained:			*Credential #:				
*Date and Time Seal Broken/ Passive Aeration Initiated:		AM/PM	*Date and Time Active Aeration Started:		AM/PM		
*Date and Time Passive Aeration Finished:		AM/PM	*Date and Time Active Aeration Finished:		AM/PM		
<b>1-hour check conducted (Complete as required by s. 5E-14.108(2), F.A.C., for Residential structures only)</b>							
*Date/Time of check:		AM/PM	*Clearance Device Reading:		ppm		
*Clearance Device Model #:		*Name of CO or SPID:					
*Clearance Device Serial #:		*Credential #:					
<b>CLEARANCE INFORMATION - List Participating Employees and COIC/SPIDs assisting with clearance (JF, JD) (Use comment section for additional space.)</b>							
*Date:		*Clearance Device(s) Model #:					
*Time:		AM/PM	Clearance Device Serial #:				
*Name of COIC/SPID:			*Credential #:				
			*Signature:				
Comments:							
<b>Complete if Additional Fumigant Added:</b>							
Date & Time:	AM/PM	Dose (Lb.):		Released by:		Credential #:	
<b>If multiple structures are listed on the NOF complete one fumigation log per application.</b>							
<b>Items marked (B) must be documented before the initiation of the fumigation.</b>				<b>Items marked a (*) shall be completed on site during the fumigation process, if not before. Items marked as (**) are required for Vikane only.</b>			

(COIC)=Certified Operator in Charge; (JD) and (SPID)=Fumigation Special ID Card; (JE)=ID Card; (JF)=Certified Pest Control Operator; (PIC)=Chloropicrin; (SF)=Sulfuryl Fluoride