



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"/>
# of Stories:	*Non-residential <input type="checkbox"/>	Masonry Slab <input type="checkbox"/>	Frame Slab <input type="checkbox"/>	Garage Detached <input type="checkbox"/>	Multi-Unit <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 #:	
If multiple structures are listed on the NOF complete one fumigation log per application.					
Items marked (B) must be documented before the initiation of the fumigation.			Items marked a (*) shall be completed on site during the fumigation process, if not before. Items marked as (**) are required for Vikane only.		