



WILTON SIMPSON
COMMISSIONER

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

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 _____	
DOSAGE CALCULATIONS			(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):	
INTRODUCTION INFORMATION: List Participating Employees (JF, JD, JE) (Use comment section for additional space.)							
*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 #:			
AERATION INFORMATION - List Participating Employees (JF, JD, JE) (Use comment section for additional space.)							
*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	
1-hour check conducted (Complete as required by s. 5E-14.108(2), F.A.C., for Residential structures only)							
*Date/Time of check:		AM/PM		*Clearance Device Reading:		ppm	
*Clearance Device Model #:				*Name of CO or SPID:			
*Clearance Device Serial #:				*Credential #			
CLEARANCE INFORMATION - List Participating Employees and COIC/SPIDs assisting with clearance (JF, JD) (Use comment section for additional space.)							
*Date:				*Clearance Device(s) Model #:			
*Time:		AM/PM		Clearance Device Serial #:			
*Name of COIC/SPID:				*Credential #:			
				*Signature:			
Comments:							
Complete if Additional Fumigant Added:							
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.			