This document is meant to provide guidelines for a safe and effective fumigation. It is the responsibility of each applicator applying aluminum or magnesium phosphide product to read and follow all pesticide product label requirements regarding fumigant management plans including the applicator’s manual. A Fumigation Management Plan (FMP) must be completed BEFORE the fumigation begins. If you do not find specific instructions for the type of fumigation you are performing listed in this guidance document, you will need to construct a similar set of procedures using this document as your guide. Contact the pesticide product manufacturer or the Montana State University Extension Pesticide Education Program (406-994-5067) for further assistance. This document was created from previous versions from Degesch America, Inc.

1. PLANNING AND PREPARATION

Applicator Name: 
Applicator License Number: 
Company Name: 
Phone: 
Site Address: 
City: State: Zip: 
Date FMP Prepared: 
Reason for fumigation & Pest: 
Type of Structure or Enclosure: 
Structure Identification. For example: Warehouse or silo number

Planned date of application: 
Duration of fumigation: 
Desired concentration: ppm for hours 

Location of nearest phone in case of emergency: 

EMERGENCY CONTACTS

Hospital: 
Fire: 
Police: 
Poison Control: 1-800-222-1222
Chemtrec: 1-800-424-9300
Pesticide manufacturer’s emergency line: 

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2. SITE PREPARATION

Have you fumigated this structure before? ________________________________

Date of last fumigation: ________________________________

Was there a problem with gas leaks during the last fumigation? ________________________________

What action will be taken to mitigate these problems? ________________________________

Were any other problems noted? ________________________________

What action will be taken to mitigate these problems? ________________________________

If not previously fumigated, has the site been surveyed for fumigation? ________________________________

*If yes, attach survey documentation to this form.*

Who performed the survey? ________________________________

When was the survey performed? ________________________________

Are there any unusual sealing requirements? ________________________________

Explain the procedures necessary: ________________________________

3. PERSONNEL

List any persons who have completed fumigation training:

Name: __________________ Date of Training: __________________

Name: __________________ Date of Training: __________________

Have all participants been trained in tasks they will be expected to perform? ________________________________

Are these records on file and up to date? ________________________________

4. NOTIFICATION

Has everyone in the area of the fumigation been notified? ________________________________

Were any official notifications made? Police, Fire, etc. ________________________________

Name: __________________ Date: __________________ Method: phone, in person, etc.

Name: __________________ Date: __________________ Method: phone, in person, etc.

Name: __________________ Date: __________________ Method: phone, in person, etc.

Is everyone in the immediate area of the fumigation aware of who to contact in case of an emergency? ________________________________

Contact name and number: ________________________________
5. APPLICATION AND PERIOD OF FUMIGATION

Who is in charge of applying the fumigant? ________________________________

List applicators:
Name: ___________________________ License Number: _______________________

Have warning signs been properly labeled and posted on the structure? ________________

How is the fumigation site to be secured? _________________________________

Is there appropriate safety equipment on site? _________________________________

List by type and quantity:

Is the structure considered a confined space? _________________________________

Is a permit required? If yes, attach a copy to this FMP __________________________

Is this a farm storage bin or tank? ________________________________________

6. MONITORING

At what intervals is the fumigation to be monitored (6 hr., 12 hr., etc.)? ________________

What is to be monitored (space, commodity, etc.)? ________________________________

What type of equipment is to be used? _________________________________________

At what intervals are safety readings to be taken? ________________________________

Where are the safety readings to be taken? _____________________________________

What type of equipment will be used? _________________________________________

Where are the safety reading records to be kept? _________________________________

Who should be contacted if fumigant levels exceed the TLV of 0.3 ppm outside the structure?
Name: _________________________________________________________________

Home Phone: ___________________________ Cell Phone: __________________________

Second Contact? ___________________________ Home Phone: ______________________

Cell Phone: ___________________________

Fill out Appendix A detailing monitoring concentrations during fumigation.

7. POST APPLICATION

How is the structure to be ventilated? ________________________________

What detection equipment will be used to monitor the aeration process? ________________

How will the structure be cleared (commodity, space, both)? ________________________

______________________________
8. DESCRIBE THE LOCATION
Make a drawing of the site, showing (at the least) locations of doors and other potential entryways; location of water sources; location of adjacent areas not scheduled for fumigation; and nearby buildings and/or occupied areas. **Attach a drawing to this plan (Appendix B).**

9. DESCRIBE THE DOSAGE CONSIDERATIONS
Note: Refer to the product label and applicator manual for allowed ranges of dosage.
1. Cubic footage to be fumigated: ______________ cu. ft. or: ________________ bu
2. Labeled rate: ________________/1,000 cu. ft., or: ________________ bu
3. Amount and type of product required (for example: pellets, tablets, tablet prepacs, etc.)
   Amount ________________________________
   Type ________________________________

10. PLAN FOR DEACTIVATION OF SPENT FUMIGANT
    Dry (check this item only if an approved dry-deactivation setup is in place, e.g. vented, covered barrel of adequate size and in a secure location, away from occupied area; See applicators manual)
    ______ Wet (see applicators manual)
## Appendix A
Phosphine Fumigation Gas Monitoring Report

### EFFICACY GAS CONCENTRATION MONITORING

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## Appendix A Continued
Phosphine Fumigation Gas Monitoring Report

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Appendix B
Site Drawing

Make a drawing of the site, showing (at the least) locations of doors and other potential entryways; location of water sources; location of adjacent areas not scheduled for fumigation; and nearby buildings and/or occupied areas.