

Structural Fumigation Management Plan

For Montana Pesticide Applicators

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: _____

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: _____

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.* _____

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										
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	
Location:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Comments
READINGS										

Appendix A Continued **Phosphine Fumigation Gas Monitoring Report**

SAFETY/AIR QUALITY MONITORING										
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	
Location:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Initial:	Comments
READINGS										

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.