Montana Structural Fumigation 
Created by: MSU Pesticide Education Program from previous versions 
from Degesch America, Inc.

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. A Fumigation Management Plan must be filled out BEFORE the fumigation is to 
beg. It is an applicators responsibility to carefully read and review the label which 
includes the container label and applicator’s manual. This information must also be given to 
the appropriate company officials (supervisors, foreman, safety officer, etc.) in charge of the 
site. If you do not find specific instructions for the type of fumigation that you are to perform 
listed in this Guidance Document, you will want to construct a similar set of procedures using 
this document as your guide. Contact the pesticide product manufacturer or the MSU 
Pesticide Education Program at (406-994-5067) for further assistance.

I. Planning and Preparation
1. DAI person(s) in charge of the fumigation: ____________________________
2. Customer name: _____________________________________________
3. Facility Address: _____________________________________________
4. Contact Name/Title: ____________________________
5. Contact Telephone Number: ____________________________
6. Reason for fumigation/Pest: ____________________________
7. Commodity: ____________________________
8. Fumigant Formulation: ____________________________
9. Type of Structure/Enclosure: ____________________________
10. Identification: (Examples: Warehouse Number, Silo Number, Container Number, 
Vessel Name) __________________________________________

11. Planned Date of Application: ____________________________
12. Duration of Fumigation: ____________________________
13. Desired Concentration: _______ ppm for ________ hours
14. What is the location of the nearest phone to be used in case of emergency?

________________________________________________________________________

15. What is the emergency phone number for Fire?

________________________________________________________________________

Police? ____________________________________________
Ambulance? ____________________________________________
II. Site Preparation
1. Has DAI fumigated this structure before? ________
   A. When was last fumigation: __________
   B. Does this structure have a history of problems with gas leaks? ________________
      What action will be taken to mitigate these problems?
      __________________________________________________________________________
      __________________________________________________________________________
      C. Were any other problems noted? __________
         What action will be taken to mitigate these problems?
         __________________________________________________________________________
         __________________________________________________________________________
2. If not previously fumigated, has the site been surveyed for fumigation? ________
   Who performed the survey? ______________________
   When: __________
   If yes, attach any survey documentation to this FMP
3. Are there any unusual sealing requirements? ________
   Explain the procedures necessary:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

III. Personnel
1. List any persons who received HazCom Training:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   When did the training take place? ________
   What topics were covered?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   2. Have all employees been trained in the tasks they will be expected to perform? ______
      Are these records on file and up to date? __________

IV. Notification
1. Has everyone in the area of the fumigation been notified? ________
2. Has the local fire department been notified? ________
   When? __________ Who?
   How were they notified (Phone, Fax, In Person, etc.)? __________
   Is a permit required? __________ If so, has it been posted? __________
3. Were any other official notifications made (Police, Coast Guard, etc)? ________
   When? __________ Who?
   How were they notified (Phone, Fax, In Person, etc.)? __________
4. Has the complex manager been notified? ________
Complex Manager Name? ___________________________________

5. Is everyone in the immediate area of the fumigation aware of how to contact the DAI supervisor in case of an emergency? __________
What contact number was given? __________

V. Application and Period of Fumigation
1. Who is in charge of applying the fumigant? ______________
2. List applicators (Include Name, License/Certificate Number and Issuing State)?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Have warning signs been properly labeled and posted on the structure? __________
4. How is the fumigation site to be secured?

5. Is there appropriate safety equipment on site? __________
List by type and quantity:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. 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? __________
If yes, attach a copy of the DAI Grain Handling Facility Job Site Evaluation and Fumigation Pre-survey Profile to this FMP

VI. Monitoring
1. At what intervals is the fumigation to be monitored (6 hr, 12 hr, Intransit, etc.)?
2. What is to be monitored (space, commodity)?
3. What type of equipment is to be used?
4. At what intervals are Industrial Hygiene (safety) readings to be taken?
________________________________________________________________________
________________________________________________________________________
5. Where are IH readings to be taken?
6. What type of equipment is to be used?
7. Where are the IH records to be kept?
8. In the event the fumigant levels exceed the TLV of 0.3 ppm outside the structure: Who is to be contacted first? __________
Contact Number(s): Home: ______________________
Pager: ______________________
Cellular: ____________________
Second contact? ______________________________________________

Contact Number(s): Home: ______________________
Pager: ______________________ Cellular: ______________________

Fill out appendix 1 detailing monitoring concentrations during fumigation.

VII. Post Application
1. How is the structure to be ventilated?

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

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

VIII. Describe the Location

1) 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 drawing to this plan.

Applicators should always have a sketch or map of the intended fumigation attached to this FMP. This should reflect all entryways, hazards, and nearby sensitive areas. See appendix 2.

IX. Describe the Dosage Considerations

Note: Refer to product label / 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 of product required (select 1):
   ____ pellets
   ____ tablets
   ____ tablet prepacs
   ____ Magtoxin prepacs
   ____ Fumi-Cels
   ____ Fumi-Strips
   ____ lbs. of Eco2Fume
   ____ flasks

X. 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 1.

PHOSPHINE FUMIGATION GAS MONITORING REPORT
(insert company name here)

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<thead>
<tr>
<th>Customer:</th>
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<th>Efficacy Gas Concentration Monitoring</th>
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<th>Comments/Conditions</th>
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Readings:

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<th>Safety/Air Quality Monitoring</th>
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Readings:
Appendix 2.

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.