

Fumigant Management Plan

This Fumigant Management Plan (FMP) Template was developed by NC Department of Agriculture & Consumer Services. It was designed to assist with the completion of the FMP of grain bins, trailers, trucks, vans, & other transport vehicles ONLY. Other use sites may be listed on the label but are not completely covered in this template. This template serves as a guide to assist in the preparation of the required plan and may NOT include all required information per label & applicator's manual instructions. Please read and follow the label & applicator's manual thoroughly to ensure all required FMP information has been completed BEFORE treatment.

The FMP must be:

- Written & completed by the certified applicator before application or treatment
- Completed for each fumigation that is made
- Kept on file for a minimum of 2 years

Always apply fumigants in accordance with label & applicator's manual instructions. Follow all PPE & Safety requirements during fumigation.

Facility/Farm Name: _____

Address of Farm or Farm Owner: _____

Facility/Farm Owner or Manager: _____

Home Phone Number: _____

Cell Phone Number: _____

License/Certification Number: _____

Applicator Information

Same as Farm Owner? Yes (if yes, skip to next section)

Note: Commercial fumigation of a commodity requires a Structural Pest Control License in N.C.

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

License/Certification Number: _____

Emergency Information

Nearest Hospital or Emergency Medical Facility Name, Address, & Phone: _____

Nearest Fire Dept. Phone Number: _____

Nearest Police Dept. Phone Number: _____

Poison Control Phone Number: 1-800-222-1222

NCDA&CS Pesticides Section Phone Number: 1-919-733-3556

Other Facilities or Persons to be Notified in Case of Emergency: (Name, Address, Phone)

Procedures in case of emergency: _____

Treatment Site Information

Address and/or Location Description of Site(s) treated: _____

****Note: Multiple Fumigation Sites May Require Multiple FMPs****

Site Treated: Grain Bin Vehicle/Trailer Other

****Note: It is illegal to transport treated Vehicle/Trailers on US highways before aerating****

If Other, Describe Site Treated: _____

Construction of Site Treated:

Metal Brick Concrete Wood Other

If Other, Describe Construction: _____

Is Site Free Standing: Yes No

If No, Will Area Connected to Treatment Site be Occupied: Yes No

Measures taken to ensure the safety of person(s) near treatment area:

Is the Site Sealed Gas-Tight: Yes No

Measures taken to seal the area being fumigated: _____

Attach a Drawing or Map of site showing the location of treatment areas, entryways, signage, water sources, nearby buildings, & other relevant areas.

Is Map or Drawing Attached: Yes No

Commodity Information

Commodity Treated: _____

Condition of Commodity Treated (Infested, Moldy, etc.): _____

Total Volume: _____ Bushels or _____ Cu Ft

Commodity Moisture Percentage: _____

Commodity Temperature: _____

Previous Treatment History of Commodity: _____

Date/Time & Aeration Information

Start Date & Time of Fumigation: _____

End Date & Time of Fumigation: _____

Aeration Method: _____

Aeration Duration: _____

Product Information

Name of Product Used: _____

EPA Reg. No. of Product Used: _____

Amount Used: _____ Pellets Tablets Flasks Cases

Deactivation & Disposal Method Used: _____

Safety Information

Placarding/Signage Used and Placement: _____

Describe Measures Taken to Prevent Unauthorized Entry and Protection of Employees & Bystanders: _____

Fumigation Levels will be monitored at the Following Intervals
Every _____ Hours

Device Used to Monitor: _____

Note: Create a Log of Monitoring Records

Fumigation Levels will not be monitored based on past experiences
(monitoring not necessary)

