



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

FUMIGATION INSPECTION REPORT

WILTON SIMPSON
COMMISSIONER

Rule 5E-14.1025, F.A.C.
Telephone: (850) 617-7996

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd., Suite N,
Tallahassee, FL 32399-1650

File No.:		Date:	
Fumigation Company:		License #:	
Fumigation Site Address:			
Subcontracted for:			
Type of Structure:	Frame Crawl <input type="checkbox"/>	Masonry Crawl <input type="checkbox"/>	Connected Structure <input type="checkbox"/> Target Pest:
No. of Stories: _____	Frame Slab <input type="checkbox"/>	Masonry Slab <input type="checkbox"/>	Structure Occupied <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/>
FUME SETUP AND GAS INTRODUCTION (FGI) - List All Personnel / Crew Members Involved and On Site			
Date & Time of Arrival of Inspector:	AM/PM	COIC Per Warning Sign:	
Name of Individual in Charge:		Credential #:	(Cert. Op./SPID)
Name of SPID/FID:		Credential #:	(SPID/FID)
Name of Additional Crew Member:		Credential #:	
*Name of Additional Crew Member:		Credential #:	
Est. Volume (MCF):	Warning Signs Correct and Present on All Entrances:		<input type="checkbox"/> Yes <input type="checkbox"/> No
INTERIOR FUME PREPARATIONS			
Food Bagged/Removed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Opened: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Doors Opened	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crawl Space and Attic Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Fans:	Pic Introduced:	AM/PM	Pic Total (oz):
Number of Pic Sites:	Ounces per Site:		PPE Used: <input type="checkbox"/> Yes <input type="checkbox"/> No
Final Walk through:	AM/PM	Secondary Locks:	<input type="checkbox"/> Yes <input type="checkbox"/> No Tent Sealed: AM/PM
INTRODUCTION INFORMATION			
Calculator Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fumigant Brand Name:	Cylinder #:
EPA Reg. No.:		Cylinder labeled:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lot #:
Time of Release:	AM/PM	Pounds Applied:	PPE Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Two SCBA's: <input type="checkbox"/> Yes <input type="checkbox"/> No
TENT ON			
Warning Signs on all sides of structure:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Warning Signs Accurate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tarps sealed tightly:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessive holes, tears, openings: <input type="checkbox"/> Yes <input type="checkbox"/> No
FUMIGATION AERATION AND CLEARANCE (FAC) - List All Personnel / Crew Members Involved and On Site			
Date & Time of Arrival of Inspector:	AM/PM	Video Recorded:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crew Arrival:	AM/PM	CO or SPID Present at opening of Seal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time Seal Broken:	AM/PM	COIC Per Warning Sign:	
Name of Individual in Charge:		Credential #:	(Cert. Op / SPID)
Name of SPID/FID:		Credential #:	(SPID / FID)
Name of Additional Crew Member:		Credential #:	
*Name of Additional Crew Member:		Credential #:	
Entered with SCBA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pic evaporation containers present/removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning Signs on doors when tents removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary locks on exterior doors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active 1-hour Aeration	Start	AM/PM	Length of Required Aeration: <input type="checkbox"/> 6 hr <input type="checkbox"/> 8 hr
	Finish	AM/PM	Structure Re-secured with Warning Signs: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any unauthorized entry into structure prior to clearance notice being posted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in comments below			
FINAL CLEARANCE INFORMATION – Structure cleared to 1ppm or less: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date:			
Time:	AM/PM		
Cleared by:		Credential #:	
Device Name:	Serial Number:	Last Calibration Date or Days Remaining:	
COMMENTS/ISSUES REGARDING THIS JOB:			
*Additional Crew Members:			
Name of Additional Crew Member:	Credential #:	<input type="checkbox"/> FAC <input type="checkbox"/> FGI	
Name of Additional Crew Member:	Credential #:	<input type="checkbox"/> FAC <input type="checkbox"/> FGI	
(Signature of FDACS Field Inspector)		(Print Inspector Name)	