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: ____________________________________________

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**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)
Has each employee been...

- Notified of the fumigation:  
  - Yes  
  - No

- Trained on emergency procedures:  
  - Yes  
  - No

Use Training Log below to document each employee has been notified of the fumigation and been trained on emergency procedures. Have each employee date and initial below:

<table>
<thead>
<tr>
<th>Employee Notification &amp; Training Log</th>
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<td>Employee Name</td>
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