

FUMIGATION MANAGEMENT PLAN

(SAMPLE – not applicable for all situations)

The purpose of this Fumigation Management Plan is to assist _____ in _____, NE to insure the safety of their employees, community and the environment. It is also designed to ensure an effective fumigation and to assist the company in meeting phosphine label requirements.

Owner/Manager of Responsibility:

Name: _____ Address: _____

Day Telephone Number: _____ City: _____ Zip: _____

Night Telephone Number: _____ Email: _____

Certified Applicators in Charge:

Name: _____ Address: _____

Day Telephone Number: _____ City: _____ Zip: _____

Night Telephone Number: _____ Email: _____

Company: _____ Phone: _____

Certification # _____ Date of Expiration: _____

Name: _____ Address: _____

Day Telephone Number: _____ City: _____ Zip: _____

Night Telephone Number: _____ Email: _____

Company: _____ Phone: _____

Certification # _____ Date of Expiration: _____

Emergency Telephone Numbers:

Local Police: _____ Local Fire: _____

Local Hospital: _____ Sheriff's Office: _____

Chemtrec: _____ 1-800-424-9300 _____ Poison Control: _____ 1-800-222-1222 _____

Attach a copy of an EMERGENCY PLAN.

Include procedure for belt and/or auger lockout.

Include planned escape routes above and below ground.

Identify utility service connections for emergency shut-off of electricity, water, gas.

Include a written procedure with instructions of who to contact and how.

Consulted with facility officials in developing FMP & worker safety plan on _____

Consulted with facility officials in procedures for notifying local authorities to notify nearby residents in the event of an emergency on _____

Consulted with facility officials in having required safety equipment on _____

Date of Site Inspection: _____ or referred to previous FMP dated: _____

Consulted with facility officials in developing monitoring plan on _____

Consulted with facility officials in placement of placards on _____

Reason for Fumigation [pest(s), buyer requirements, etc.] :

Previous Fumigation history:

Description of Fumigation site (silo, warehouse, corrugated steel, etc.) :

Attach detailed drawing (identify doors, catwalk entrances, ends of tunnels, vents, etc.)

(identify potential hazards – augers, emergency shutoffs)

(identify emergency helps - telephones, PPE, etc.)

Work to be performed:

Site to be fumigated Refer to site diagram	Volume of treated area	Temperature of commodity	Moisture of commodity	Dosage	Fumigation time

Sites to be Sealed: List and/or indicate on site diagram

Sites to be Placarded: List and/or indicate on site diagram

Attach written instructions for aeration (where to start, where to finish)

Site(s) and date cleared of phosphine: List below and/or indicate on diagram.

Site	Date Cleared	Phosphine Reading

Personnel Training for parties who will be in immediate area during/after fumigation:

- _____ Instructed Fumigators on product Label on _____
- _____ Instructed Fumigators on Applicator’s Manual on _____
- _____ Instructed Fumigators on required PPE on _____

- _____ Conducted Safety Meeting for elevator employees on _____
- _____ Explained emergency plan including emergency phone numbers on _____
- _____ Explained established meeting area for personnel in case of an emergency on _____
- _____ Personnel were notified of planned fumigation on _____
- _____ PPE was confirmed in place on _____
- _____ Provided owner/safety manager with a copy of FMP on _____
- _____ Notified local authorities on _____

- _____ Notified receiver of in transit vehicle on _____
- Receiver: _____
- Contact information: _____
- _____ Removed warning placards on _____
- _____ Notified appropriate people when it is safe to reenter treated sites on _____