

# STANDARD STRUCTURAL FUMIGATION LOG

ADDRESS OF PROPERTY CITY				DATE OF FUMIGATION	
BRANCH CO. AND ADDRESS (SUBCONTRACTOR)			PRIME CONTRACTOR NAME AND ADDRESS		
		CO. REG. #.			CO. REG. #
OWNER/AGENT NAME AND ADDRESS				FIRE DEPT. NOTIFIED (DATE)(HOUR)	
PROPERTY DESCRIPTION				C.A.C. NOTIFIED (METHOD)(DATE)(HOUR)	
NOTES OR COMMENTS					
<b>SECTION 1</b> FUMIGANT RELEASED	TARGET PEST		WARNING AGENT	CUBIC FEET	OUNCES USED
	FUMIGANT / E.P.A. REGISTRATION NO.	SEALING METHOD	DATE/TIME GAS INTRODUCED		
WIND M.P.H.		AIR TEMP	CYLINDER SERIAL NO.	WT. BEFORE INTRO.	POUNDS APPLIED
EXTRAORDINARY PRECAUTIONS				TOTAL POUNDS	
<input type="checkbox"/> FUMIGUIDE B <input type="checkbox"/> FUMIGUIDE Y <input type="checkbox"/> VIKANE CALCULATOR <input type="checkbox"/> FUMICALC CALCULATOR <input type="checkbox"/> OTHER _____					
DOSAGE FACTOR		UNDER SEAL			
TARP CONDITION		TEMPERATURE			
SEAL CONDITION		HOURS EXPOSURE			
WIND (MPH)		MONITOR JOB (YES / NO)			
VOLUME					
CREW MEMBERS NAMES					
WAS REQUIRED SAFETY EQUIP. PROVIDED?		LICENSEE RELEASING FUMIGANT		LICENSE NO.	
YES ( ) NO ( )		SIGNATURE			
<b>SECTION 2</b> VENTILATION COMMENCED	AERATION COMMENCED:		TARP / SEAL CONDITION		
	DATE	TIME			
CREW MEMBERS NAMES					
WAS REQUIRED SAFETY EQUIP. PROVIDED?		LICENSEE COMMENCING VENTILATION		LICENSE NO.	
YES ( ) NO ( )		SIGNATURE			
<b>SECTION 3</b> RELEASED FOR OCCUPANCY	TESTING DEVICE USED		PROPERTY CERTIFIED SAFE FOR RE-ENTRY		
			DATE TIME		
CREW MEMBERS NAMES					
WAS REQUIRED SAFETY EQUIP. PROVIDED?		LICENSEE RELEASING PROPERTY FOR OCCUPANCY		LICENSE NO.	
YES ( ) NO ( )		SIGNATURE			