FUMIGATION MANAGEMENT PLAN TEMPLATE

Aluminum Phosphide fumigant products are Restricted Use Pesticides (RUP) and as such require that application be performed by or under the direct supervision of a certified applicator.

The use of aluminum phosphide fumigants is strictly prohibited on single family and multi-family residential properties and nursing homes, schools (except athletic fields), daycare facilities and hospitals. (See applicator manual for list of approved sites.)

REQUIREMENTS:

The certified applicator is responsible for developing a Fumigation Management Plan (FMP) prior to any application. A FMP must exist for each fumigation that is made.

This FMP Template is provided as a guide for preparation of the required plan. The FMP must be written prior to every treatment.

Before a FMP is developed the product pesticide label and applicator manual must be carefully read and reviewed. The application must follow all label directions and follow any restrictions noted in these documents. In the event of any conflict between the label and the FMP, the label directions will apply. In addition, the applicator must be familiar with and comply with applicable federal, state and local regulations.

The FMP must be kept on file for a minimum of 2 years or longer as directed by State recordkeeping requirements.

The FMP is to be reviewed each year and when necessary modified to reflect any necessary changes. Alternately, a new FMP can be created for each calendar year.

Maintain a record which clearly identifies the specific FMP relied on for each fumigation performed for the customer at the facility; i.e. fumigation of grain while loading, railcar fumigations, fumigation of empty bins, etc.
FUMIGATION MANAGEMENT PLAN

Company Name and Address:

Facility description:

Fumigation Type:

FUMIGATION SITE INFORMATION

Facility owner/Manager:
   Name:
   Daytime Phone:
   Evening phone:
   Mobile phone:
   Pager:

Description (building, railyard, etc) and site address:

If fumigation site is within a larger building, describe the specific location of where the fumigation will take place:

Identify areas recently constructed or remodeled at this site:
APPLICATOR INFORMATION:

Certified Applicator (Fumigator) in charge:

Name:

Certification Number:

Daytime phone:

Evening phone:

Mobile phone:

Pager:

__________________________________________________________

EMERGENCY CONTACT INFORMATION:

Hospital name:

Hospital emergency number:

ER Duty Nurse Name:

Fire department number: ___________ (or 911)

Police department number: (or 911)

Ambulance contact number: _______ (or 911)

Poison Control Number: 866-673-6671

Confirm that local authorities have been notified and there is a procedure for notification of local residents in the event of an emergency
FUMIGATION TYPE

WHEN MULTIPLE FUMIGATIONS ARE BEING CONDUCTED A SEPARATE FMP MUST BE DEVELOPED FOR EACH TYPE

__ Space (specify)
   food processing plant
   feed plant
   mill
   warehouse

__ vertical storage
__ flat storage
__ tarpaulin
__ spot (includes grain handling equipment, empty tanks, and empty silos within a building)
__ chamber
__ vehicle (specify)
   railcar*
   trailer
   ocean container
__ vessel (specify)
   ship
   barge

* For railcars only – attach a written document for notification to receiver of in-transit railcar(s) under fumigation.
  o Date of notification
  o contact person notified
  o receiver trained to properly receive, open, aerate, and test fumigated railcars
    o Yes         No
BUILDING INFORMATION

Construction:
__ Steel  
__ Brick  
__ Concrete  
__ Masonry brick  
__ Wood

Free standing  __ Yes  __ No
Connected to another building which may be occupied during fumigation  Yes  No
Fumigation area is within a larger building or complex of buildings which may be occupied during fumigation  Yes  No
Fumigation area has areas which have silos, tanks or other vertical storage with enclosed sites at the top and bottom, which may be occupied during fumigation  Yes  No

SITE CONTROL

When site is attached to or adjacent to a building not scheduled for fumigation, or adjacent to a portion of a building not scheduled for fumigation, identify what controls will be utilized to ensure that persons are not exposed to fumigant levels above the STEL. (More than one may apply; therefore check all that apply. Provide details when checking other)

__ Connections will be sealed off using polyethylene sheeting, tape, etc.

__ Gas readings will be taken at the start of each work shift in occupied adjacent and/or connected areas.

__ Gas readings will be taken in adjacent and/or connected areas at intervals of ______ ______ hours while adjacent areas are occupied.
__ A plan is in place, detailed below, for opening windows, adding fans, etc if gas levels approach STEL at any time (Provide details here)

__ Continuous electronic monitoring of gas levels will be conducted by means of (provide detail on device here)

__ Supply workers with phosphine gas detecting badges

__ Other

Attach a drawing of the site, showing location of doors and all potential entryways, location of water sources, location of adjacent areas not scheduled for fumigation, and nearby buildings and/or occupied areas.
FUMIGATION COMMODITY INFORMATION

Describe the commodity that is intended for fumigation:

___ Raw Agricultural (describe):
______________________________________________________

___ Processed food (describe):
_________________________________________________________

___ Feed (describe):
__________________________________________________________________

___ Non-Food/Feed (describe):
________________________________________________________

Condition of commodity (indicate if infested, moldy, or out of condition):
_____________________

Volume occupied by commodity: _________________ cu.ft
OR __________________ bu

Mode of storage: _________________________________________________

Previous treatment history of commodity/site: ____________________________
EXPOSURE TIME CONSIDERATIONS:

Fumigant to be used: _______________________________________

Commodity temperature :  _______________ °F  ____________ °C

Minimum fumigant exposure at measured temperature: ____________ Hours

Fumigation will take place from __________(time) 

on __________, _______________ (day and date) 

through _______________ (time) _____________, __________ (day and date)

Downtime required (include time needed for sealing, fumigation exposure period, aeration and testing):

________ (time) ___ on ____________, ____________ (day and date)

through ________________ (time) ____________, ____________ (day and date)

Commodity moisture _____________ %

Deactivation method planned (describe) : ______________________________________________
DOSAGE CONSIDERATIONS

Refer to product label and applicator manual for allowed ranges of dosage.

Cubic footage to be fumigated: _____________________________ cu. ft.
OR _____________________________ bu,

Labeled rate: _____________________________/1,000 cu. ft.
OR _____________________________/ 1,000 bu.

Amount of product required:

_________ pellets, OR
_________ flasks, OR
_________ tablets, OR
_________ gas bags

SEALING

Describe the site-specific sealing requirements (include information on materials required to seal all doors, windows, openings to outside as well as areas adjacent or attached to area to be fumigated.)
SAFETY MEASURES

Identify the safety measures that will be taken (include security measures)

   Placarding (which meets placarding information requirements) of all entryways to the fumigation site (i.e. doors, hatches, ladders etc)

   Safety “boots’ or “clamshells” on doors to which unauthorized personnel may have keys

   ___ Fumigation conducted in secure yard, fenced and locked against unauthorized entry

   ___ Guard on duty

   ___ Other (describe) :

MONITORING

___ Fumigation levels will be monitored at the following intervals:

   _______________ hours

   The device used for monitoring fumigation levels will be (specify) :

___ Fumigation levels will not be measured due to past experience have indicated that monitoring is not necessary.
FUMIGATION SITE PLAN

Plan for opening/aeration of fumigated site:

___ Aeration schedule:

Begin _____________(time) ______am ______pm

_____________ Date

Measures that will be in place to ensure no exposure during fumigation to employees, bystanders or other persons are described below:

________________________________________________________

___________________________________________________________________________

Railcar fumigation:

Written confirmation is attached from the receiver of the fumigated railcar(s) to perform required aeration and monitoring.

Deactivation:

Dry deactivation (for approved dry deactivation set-up as defined in the applicator manual)

Wet deactivation (see applicators manual for instructions)

Disposal:

Describe the plan for disposal of the deactivated spent fumigant (see applicator manual for instructions)
Clean-Up

Provide plans for additional clean-up and preparation of site/or commodity for release:

This information contained herein is provided as guidance for the preparation of the Fumigation Management Plan required prior to any fumigation. It is not intended to be inclusive of or replacement for applicable Federal, State or local requirements. UPI shall not be liable for technical or editorial error or omissions contained herein. The information in this document is provided as is without warranty of any kind, whether express or implied, concerning the accuracy, completeness, reliability or suitability of the information and is subject to change without notice. Any warranties involving UPI pesticide products are set forth in the express limited warranty statements accompanying such products. Nothing herein should be construed as constituting an additional warranty.