

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					
SECTION 1	TARGET PEST		WARNING AGENT	CUBIC FEET	OUNCES USED
FUMIGANT RELEASED					
FUMIGANT / E.P.A. REGISTRATION NO.			SEALING METHOD	DATE/TIME GAS INTRODUCED	
			CYLINDER SERIAL NO.	WT. BEFORE INTRO.	POUNDS APPLIED
WIND M.P.H.	AIR TEMP		CYLINDER SERIAL NO.	WT. BEFORE INTRO.	POUNDS APPLIED
POLICE DEPT. NOTIFIED (DATE & HOUR)			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	UNDER SEAL _____	TEMPERATURE _____	HOURS EXPOSURE _____
DOSAGE FACTOR _____	TARP CONDITION _____	SEAL CONDITION _____	WIND (MPH) _____	VOLUME _____	MONITOR JOB (YES / NO) _____
CREW MEMBERS NAMES			NAME AND ADDRESS OF GUARD		
WAS REQUIRED SAFETY EQUIP. PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>			LICENSEE RELEASING FUMIGANT		LICENSE NO.
			SIGNATURE _____		
SECTION 2	AERATION COMMENCED:		TARP / SEAL CONDITION		
VENTILATION COMMENCED	DATE	TIME			
CREW MEMBERS NAMES			NAME AND ADDRESS OF GUARD		
WAS REQUIRED SAFETY EQUIP. PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>			LICENSEE COMMENCING VENTILATION		LICENSE NO.
			SIGNATURE _____		
SECTION 3	TESTING DEVICE USED		PROPERTY CERTIFIED SAFE FOR RE-ENTRY		
RELEASED FOR OCCUPANCY	DATE	TIME			
CREW MEMBERS NAMES			NAME AND ADDRESS OF GUARD		
WAS REQUIRED SAFETY EQUIP. PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>			LICENSEE RELEASING PROPERTY FOR OCCUPANCY		LICENSE NO.
			SIGNATURE _____		