**Fumigation Management Plan (FMP) for Burrowing Pests**

(Maintain for a Minimum of 2 years)

Applicator’s Name: Lic.No. Contact Information for Applicator: Home Phone: Cell: Other People assisting in application:

Property Owner: Contact information for Owner: Home Phone: Cell:

# EMERGENCY CONTACT INFORMATION:

Police:\_ Hospital:

Fire Dept. Poison Control No.:

( ) Notification given to local authorities: Date notified:

Other Emergency Response Procedures:

Product Information:

Product Name: \_EPA Reg. #: Formulation: (eg.tablets, pellets) Manufacturer:

Application Site Information:

Type of fumigation: ( ) Closed burrow (gopher)

( ) Open burrow (prairie dog, ground squirrels)

( )Site suitable for fumigation Date inspected: ( )Tunnel/Burrow System more than **100 feet from inhabited structures** Distance:

( ) **Site drawing done on reverse side of FMP** (to include location of structures and general location of areas within fields or pastures treated if entire area was not treated.)

# Application Information:

PRE-Application Checklist:

( ) All assisting persons informed of accident reporting and emergency procedures ( ) Label, MSDS, and Applicator’s Manual reviewed with all assisting persons

( ) All assisting persons provided and wear proper protective equipment – gloves ( ) Any nearby people notified of application

DURING Application Checklist:

Application Date:

Target Pest: Dosage per hole:

Time: Temperature: Wind dir. & speed:

Total amount of product used:

( ) All burrows sealed after treatment

# ( ) Area posted with Fumigant Warning sign

POST – Application Checklist:

( ) All Assisting persons informed of and perform hand washing after treatment ( ) Clothing and gloves aerated prior to laundering

( ) Product returned to locked, secured area when not in use Comments: