FUMIGATION LOG

Rule 5E-14.142, F.A.C.

Holds every item of the Fumigation Log, FDACS-13000, Rev. 03/26, in the same order, as Rule 5E-14.142(3)(a), F.A.C., allows.

(B) Fumigation Company:		*License #:	
*COIC Fumigation:		*JF#	
(B) Fumigation Site Address:			
(B) Site City, State, Zip:			
*Date & Time of Arrival:	☐ AM ☐ PM	*Brand Name of Fumigant:	

(B) Type of Structure (check all that apply):	*Residential ☐	Masonry Crawl ☐	Frame Crawl ☐	Garage Attached ☐	Multi-Unit ☐
# of Stories:	*Non-residential ☐	Masonry Slab ☐	Frame Slab ☐	Garage Detached ☐	No. of units _____

DOSAGE CALCULATIONS		(B) Target Pest:				Tarp ☐	Tape/Seal ☐
*Dosage Factor:		*Hours of Exposure:				*Estimated HLT:	
*Tarp Condition:		*Slab/soil temp:				*Oz-Hr Required:	
*Seal Condition:		Humidity:				*Concentration:	
*Underseal:		*Temperature:				*Lbs. required:	
*Wind (mph):		*# of Fans:		**Fan amps:		Shoot Rate:	
(B) Volume (MCF):		Monitored:	No ☐	Yes ☐		*Pic total (oz):	

INTRODUCTION INFORMATION: List Participating Employees (JF, JD, JE) (Use comment section for additional space.)					
*Date/Time of Release:	☐ AM ☐ PM	*Lbs of fumigant applied:		*PIC applied (oz):	
*SF Cylinder #(s):		*SF Lot #(s):		*No. of PIC sites:	
*Name of Person Responsible for Introduction of PIC & SF?		*Credential #:			
		*Signature:			
*Name of Second Trained:		*Credential #:			

AERATION INFORMATION - List Participating Employees (JF, JD, JE) (Use comment section for additional space.)			
*Name of Person Responsible for Initiating Aeration:		*Credential #:	
		*Signature:	
*Name of Second Trained:		*Credential #:	
*Date and Time Seal Broken/Passive Aeration Initiated:	☐ AM ☐ PM	*Date and Time Active Aeration Started:	☐ AM ☐ PM
*Date and Time Passive Aeration Finished:	☐ AM ☐ PM	*Date and Time Active Aeration Finished:	☐ AM ☐ PM

1-hour check conducted (Complete as required by s. 5E-14.108(2), F.A.C., for Residential structures only)			
*Date/Time of check:	☐ AM ☐ PM	*Clearance Device Reading:	ppm
*Clearance Device Model #:		*Name of CO or SPID:	
*Clearance Device Serial #:		*Credential #	

CLEARANCE INFORMATION - List Participating Employees and COIC/SPIDs assisting with clearance (JF, JD) (Use comment section for additional space.)			
*Date:		*Clearance Device(s) Model #:	
*Time:	☐ AM ☐ PM	Clearance Device Serial #:	
*Name of COIC/SPID:		*Credential #:	
		*Signature:	

Comments:

Complete if Additional Fumigant Added:							
Date & Time:	☐ AM ☐ PM	Dose (Lb.):		Released by:		Credential #:	

If multiple structures are listed on the NOF complete one fumigation log per application.

Items marked (B) must be documented before the initiation of the fumigation.	**Items marked a (*) shall be completed on site during the fumigation process, if not before. Items marked as (**) are required for Vikane only.**

(COIC)=Certified Operator in Charge; (JD) and (SPID)=Fumigation Special ID Card; (JE)=ID Card; (JF)=Certified Pest Control Operator; (PIC)=Chloropicrin; (SF)=Sulfuryl Fluoride