# SITE-SPECIFIC STRUCTURAL FUMIGATION LOG

**Vikane label:** The information followed by a "(B)" below must be documented before the initiation of the fumigation; other information listed below without a "B" must be documented during the fumigation process, if not before.

| 1. General information | | |
|---|---|---|
| **Fumigation company (B)** | **SC business license No.** | **Job No.** |
| **Fumigation site address (B)** | | **County** |
| **Structure type (B)** | **Target pest(s) (B)** | |

| 2. Fumigant introduction | | | | | |
|---|---|---|---|---|---|
| **a. Dosing calculations** | | | | | |
| **Dosage factor** | **Tarp condition** | **Under seal type** | **Seal condition** | **Underseal** | **Wind (mph)** |
| **Volume of fumigated space (1000 cubic feet) (B)** | | **Dose (oz/MCF)** | **Temperature** | **Hours of exposure** | **Number of fans** |
| **b. Introduction of chloropicrin and sulfuryl fluoride** | | | | | |
| **Certified applicator responsible for introduction** | | | **License No.** | **Signature** | |
| **Second trained person(s) and certified applicator(s) assisting with introduction** | | | | | |
| **Total ounces of warning agent chloropicrin introduced** | | **Number of introduction sites** | | **Date of fumigant release** | **Time of fumigant release** |
| **Fumigant (brand name) and EPA Reg. No.** | | **Cylinder serial number(s) of sulfuryl fluoride applied** | | **Pounds of fumigant applied** | |

| South Carolina items | | | |
|---|---|---|---|
| **Category 7B applicator physically present on site and supervising the application, Reg. 27-1083(D)(2)(a)** | | **License No.** | **Signature** |
| **Fire code official and fire chief notified in writing, IFC 2603.3 (date)** | **Time notified** | **Watchperson(s) on duty at the entrance, IFC 2603.3.3** | |
| **Beetle jobs, Reg. 27-1085(I)(4)(b):** During a fumigation frass must be removed from at least two readily-accessible areas to allow the determination of the success of the fumigation. | | | |
| **Frass removed from (area 1)** | | **Frass removed from (area 2)** | |

## 3. Aeration

| Certified applicator responsible for initiating aeration | License No. | Signature |
|---|---|---|
| | | |

| Certified applicator(s) and second trained person(s) assisting with initiating aeration |
|---|
| |

| Date aeration initiated | Time aeration initiated | Aeration procedure (1 or 2) |
|---|---|---|
| | | |

## 4. Final clearance testing

| Certified applicator responsible for conducting final clearance testing | License No. | Signature |
|---|---|---|
| | | |

| Certified applicator(s) assisting final clearance testing |
|---|
| |

| Date final clearance testing completed | Time completed | Clearance device model type |
|---|---|---|
| | | |

Breathing zone readings, 1 ppm or less in each room before re-entry

| Room or area | ppm | Room or area | ppm |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Cleared for re-entry (date and time) | Warning sign removal authorized by |
|---|---|
| | |

## 5. Emergency response information

Get exposed person to fresh air. Call 911 or an ambulance. Keep exposed person warm and at rest. Make sure person can breathe freely. If breathing has stopped, give artificial respiration. Do not put anything in the mouth of an unconscious person.

| Hospital nearest to the site (name and address) | Product emergency phone (from the label) |
|---|---|
| | |

## 6. Comments