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.

WAC 16-228-1320(1)(g)(ii): "Fumigation records shall include the pounds of gas released per 1,000 cubic feet of space, the temperature, and the duration of the exposure period." Boxes marked (WA) hold these three items.

1. General information

Fumigation company (B)	**WSDA license No.**	**Job No.**
Company's complete address and phone		
Fumigation site address (B)		**County**
Structure type (B)	**Target pest(s) (B)**	
Customer (fumigation done for)	**Customer's full address**	

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)		**Pounds of gas released per 1,000 cubic feet (WA)**		**Dose (oz/MCF)**	**Number of fans**
Temperature (WA)			**Hours of exposure (WA)**		

b. Introduction of chloropicrin and sulfuryl fluoride

Certified applicator responsible for introduction	**License No.**	**Signature**
Applicator's complete address and phone		**Apparatus license plate No.**
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**	**Time release finished**

☐ **Every noncertified applicator on this job is 18 or older and qualified under WAC 16-228-1548.**

Fumigation site address (B)	Job No.

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)**	**Minimum hours before re-entry**

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

WAC 16-228-1320(2): "Application records shall be completed and available to the department the same day the pesticides were applied."

WAC 16-228-1320(3): "Application records shall be kept for a period of seven years from the date of the application of the pesticide to which such records refer."