Notice of Structural Fumigation

Maryland · COMAR 15.05.01.05B(2)

Local fire and health departments	
Fire department	Health department
Fire notice sent (date, time and method)	Health notice sent (date, time and method)

Pesticide business and certified applicator		
Business name		Business license no.
Business address		Business phone
Certified applicator in charge	Certification no.	Phone reachable at all times

Planned work	
Fumigation site address	Type of structure
Fumigant	Date of fumigation
Approximate start time	Estimated length of fumigation
Applicator signature	Date signed

Occupant Fumigation Notice and Fact Sheet Receipt

Maryland · Keep with the job file

Property and contact	
Fumigation site address	**Unit**
Adult occupant	**Business name**
Certified applicator in charge	**Phone reachable at all times**

Schedule and receipt	
Date of fumigation	**Approximate start time**
Expected schedule or follow-up contact	
Fact sheet provided (date)	**Occupant receipt signature**
Wait for the certified applicator to confirm safe re-entry before returning. The current Fact Sheet for Vikane is provided separately.	