



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

FUMIGATION INSPECTION REPORT

Rule 5E-14.1025, F.A.C.
Telephone: (850) 617-7997

Respond to:
Bureau of Entomology and Pest Control
1203 Governors Square Blvd, Suite 300,
GS-46
Tallahassee, FL 32301-2961

INFORMATION OBTAINED FROM NOTICE RECEIVED ON: DATE _____ TIME _____

(Company Fumigating)	(License Number)	(Address of Structure Fumigated)
(Business Address)		(Structure use/type)
(Certified Operator in Charge)		(Common Name of Fumigant)
(Special ID Cardholder)		(Active Ingredients of Fumigant)
(Day Phone Number)		Release of Fumigant: (Date) (Time)
(Evening Phone Number)		(Length of Fumigation Period)

INFORMATION OBTAINED FROM FUMIGATION SITE:

WARNING SIGNS:

	YES	NO
Posted outside tarps on all sides of building	<input type="checkbox"/>	<input type="checkbox"/>
Posted on each entrance of structure itself	<input type="checkbox"/>	<input type="checkbox"/>
Danger & deadly poison warning	<input type="checkbox"/>	<input type="checkbox"/>
Common name of fumigant	<input type="checkbox"/>	<input type="checkbox"/>
Company address	<input type="checkbox"/>	<input type="checkbox"/>
Certified Operator in Charge	<input type="checkbox"/>	<input type="checkbox"/>
Special ID cardholder	<input type="checkbox"/>	<input type="checkbox"/>
Phone: Day & Night	<input type="checkbox"/>	<input type="checkbox"/>

TENT (TARPS)

	YES	NO
Sealed tightly (seams, bottom)	<input type="checkbox"/>	<input type="checkbox"/>
Exposed holes, tears, slits	<input type="checkbox"/>	<input type="checkbox"/>
Leaking gas	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____		

STRUCTURE:

Structure Use/type _____

Type of Seal: Tent/Tarp _____ Tape _____

Distance between structure fumigated and nearest occupied structure _____ Ft.

OTHER: _____

FUMIGANT:

	YES	NO
Fumigant containers lying around	<input type="checkbox"/>	<input type="checkbox"/>
Free-end hoses open to outside	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: _____		

SAFETY EQUIPMENT:

	YES	NO
Label recommended breathing equipment	<input type="checkbox"/>	<input type="checkbox"/>
Gas detector	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight	<input type="checkbox"/>	<input type="checkbox"/>
Chloropicrin (Tear Gas) used	<input type="checkbox"/>	<input type="checkbox"/>

Abnormal hazards requiring special safety precautions: YES _____ NO _____

COMMENTS:

Date Inspected _____

Issuing Field Inspector

County