

FUMIGATION MANAGEMENT PLAN

The purpose of this Fumigation Management Plan is to assist _____ in _____, Oklahoma to ensure the safety of their employees, community and the environment. It is also designed to ensure an effective fumigation and to assist the company in meeting phosphine label requirements.

Owner/Manager of Responsibility

Name: _____

Address: _____

Day Telephone Number: _____

Night Telephone Number _____

E-mail _____

Certified Applicator in Charge

Name: _____

Address: _____

Day Telephone Number: _____

Night Telephone Number _____

E-mail _____

Certification Number: _____

Year of Expiration: _____

Emergency Telephone Numbers

Local Police: _____

Local Fire Department: _____

Local Hospital: _____

Sheriff's Office: _____

Chemtrec: 1-800-424-9300

Poison Control: 1-800-222-1222

Fumigant Company: _____

ODAFF _____

Date of Site Inspection: / / /

or referred to previous FMP of / /

Date of consultation with facility officials in developing FMP & worker safety plan
 / /

Date of consultation with facility officials in developing monitoring plan

/ /

Date of consultation with facility officials in procedures for notifying local authorities to notify nearby residents in the event of an emergency.

/ /

Date of consultation with facility officials in placement of placards

/ /

Date of consultation with facility officials in having required safety equipment

/ /

It would be feasible for the facility and fumigator to document the above consultations in text format.

The following information **supports** the concept of the FMP.

Reason for Fumigation - pest(s), buyer requirements, etc.

Type of Fumigation: silo, warehouse, corrugated steel, etc.

Previous fumigation history.

Emergency electrical, gas and water shut-off stations: May refer to facility diagram with telephone marked.
