

# FUMIGATION MANAGEMENT PLAN *for Burrowing Pests*

(SAMPLE – not applicable for all situations)

The purpose of this Fumigation Management Plan is to assist \_\_\_\_\_  
in \_\_\_\_\_, NE to insure the safety of his/her community and the environment. It is  
also designed to ensure an effective fumigation and to assist in meeting phosphine label requirements.

## Land Owner/Manager:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Night Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Certified Applicator(s) in Charge:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Night Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification # \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Night Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification # \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\_\_\_\_ Carry a copy of DOT-E 11329 (placarding exemption) for transport of no more than 21 KG of phosphide product in motor vehicle without placards.

\_\_\_\_ Vehicle has DOT placards

## Emergency Telephone Numbers:

Local Police: \_\_\_\_\_ Local Fire: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Sheriff's Office: \_\_\_\_\_

Chemtrec: \_\_\_\_\_ 1-800-424-9300 \_\_\_\_\_ Poison Control: \_\_\_\_\_ 1-800-222-1222 \_\_\_\_\_

Reason for Fumigation (elimination of rodent infestation, etc.):

Fumigation Type : In Burrow

Pest: Woodchuck, yellowbelly marmot, prairie dog, Norway rat, roof rat, mice,  
ground squirrel, mole, vole, pocket gopher, chipmunk

Date of site inspection: \_\_\_\_\_ or referred to previous FMP dated: \_\_\_\_\_

Site Fumigation history:

Description of Fumigation site:

Attach detailed drawing (identify any nearby inhabited structures).

Mark burrows which open under or into occupied buildings & do not apply to these burrows.

Mark points of fumigation application.



Untreated burrow entrances to be Sealed: List and/or indicate on site diagram.

\_\_\_\_\_ Untreated burrow entrances sealed \_\_\_\_\_ (date).

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Treated burrow entrances to be Sealed: List and/or indicate on site diagram.

\_\_\_\_\_ Treated burrow entrances sealed \_\_\_\_\_ (date).

Sites in or by occupied building to be Monitored to demonstrate residents will not be exposed to gas concentrations above allowable limits.: List and/or indicate on site diagram.

Site	Number of Readings	Date Time	Phosphine Reading(s)

\_\_\_\_\_ Treated site reinspected for target species on \_\_\_\_\_ (date).

\_\_\_\_\_ Notified appropriate people when it is safe to reenter treated sites on \_\_\_\_\_ (date).

Attach a copy of an Emergency Plan. Include a written procedure with instructions of who to contact and how if phosphine levels are exceeded in an area that could be dangerous to local residents.