

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		FUMIGATION RECORD (WITHOUT TARPAULIN)			1. STATION REPORTING					
					2. PEST AND INTERCEPTION NUMBER					
3. CARRIER		4. ARRIVAL DATE		5. DATE INTERCEPTED		6. ORIGIN				
7. PLACE OF ARRIVAL			8. DATE CONFIRMED		9. PORT OF LADING					
10. FUMIGATION CONTRACTOR			11. DATE FUMIGATION ORDERED		12. COMMODITY					
13. FUMIGATION SITE			14. DATE FUMIGATED		15. QUANTITY					
16. MARKS		17. B/L NUMBER		18. ENTRY NUMBER		19. SHIPPER		20. CONSIGNEE		
21. FUMIGANT AND TREATMENT SCHEDULE				22. TEMPERATURE			23. GAS ANALYZER (type and serial number)			
				a. SPACE			b. COMMODITY			
24. ENCLOSURE		25. WEATHER CONDITIONS			26. CUBIC CAPACITY			27. TREATMENT UNDER SECTION 18 EXEMPTION		
								<input type="checkbox"/> YES <input type="checkbox"/> NO		
28. NUMBER OF FANS		29. TOTAL CFM'S FANS			30. TIME FANS OPERATED			31. FOOD OR FEED COMMODITY		
								<input type="checkbox"/> YES <input type="checkbox"/> NO		
32. GAS INTRODUCTION		33. AMOUNT GAS INTRODUCED			34. GAS ADDED			35. RESIDUE SAMPLE TAKEN SAMPLE NUMBER		
a. START b. FINISH								<input type="checkbox"/> YES <input type="checkbox"/> NO		

GAS CONCENTRATIONS (gram per cubic meter [oz./1000 cu. ft.])
(To be prepared for fumigations when gas concentration readings are required while treatment is in progress.)

36. DATE/TIME	37. PLACEMENT OF TEST LINES										38. TIME INTERVAL (from Block 32b)	39. INSPECTOR'S INITIALS
	SPACE			COMMODITY								
	FRONT	CENTER	REAR	D	E	F	G	H	I	J		
A	B	C	D	E	F	G	H	I	J			

40. DETECTOR TUBE READINGS (PPM)											

41. REMARKS	42. CALCULATIONS
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43. INSPECTOR SIGNATURE	44. DATE	45. REVIEWER SIGNATURE	46. DATE
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FUMIGATION WITHOUT TARPAULIN

NOTE: In preparation for the fumigation and prior to site selection, the officer should have determined (1) the immediate pest risk associated with the infested commodity, (2) the temperature requirements for the fumigation, and (3) the permeability of the packaging.

MATERIALS

FUMIGATOR			PPQ
<input type="checkbox"/> Masking Tape <input type="checkbox"/> Spray Adhesive <input type="checkbox"/> Pesticide and Spray Equipment <input type="checkbox"/> Extension Cords <input type="checkbox"/> 2-3 Prong Plug Adapters <input type="checkbox"/> Fumigant with Pesticide Label Attached <input type="checkbox"/> Gas Introduction Line <input type="checkbox"/> T/C Gas Analyzer (<i>Fumiscope</i>) or Spectros Unit <input type="checkbox"/> Volatilizer <input type="checkbox"/> Heat Supply for Volatilizer <input type="checkbox"/> Aeration Fans with Ducts (<i>introduction and exhaust</i>) <input type="checkbox"/> Sampling Tubes/Lines	<input type="checkbox"/> Weight Scales <input type="checkbox"/> Fumigation Warning Treatment Placards <input type="checkbox"/> Self-Contained Breathing Apparatus (<i>SCBA</i>) <input type="checkbox"/> Drierite <input type="checkbox"/> Ascarite <input type="checkbox"/> Approved Air Monitoring Device per Fumigation Label, PID-Photo Ionization Detector <input type="checkbox"/> Tape Measure <input type="checkbox"/> Thermometer <input type="checkbox"/> Gas Detector Kit and Detector Tubes for Section 18's <input type="checkbox"/> Approved Heaters (<i>non-electrical heating elements</i>)	<input type="checkbox"/> Approved Temperature Recording Devices for Treatments Over 6 Hours <input type="checkbox"/> Approved Temperature Sensors for Treatments Over 6 Hours <input type="checkbox"/> Auxiliary Pump or Mighty Vac Pump <input type="checkbox"/> PPQ Treatment Manual <input type="checkbox"/> Fans (<i>circulation and introduction</i>) <input type="checkbox"/> Pressure Testing Equipment, Manometer, Sealing Putty, Device or Equipment with Ability to Pressurize a Container	<input type="checkbox"/> Self-Contained Breathing Apparatus (<i>SCBA</i>) <input type="checkbox"/> PID-Photo Ionization Detector <input type="checkbox"/> Tape Measure <input type="checkbox"/> Thermometer <input type="checkbox"/> Blank PPQ Form 429 <input type="checkbox"/> PPQ Treatment Manual

PREPARATION PROCEDURES

(Section III Treatment Manual)

<p>1. Site Selection</p> <input type="checkbox"/> Ventilated Area <input type="checkbox"/> Sheltered Area <input type="checkbox"/> Impervious Surface <input type="checkbox"/> Non-Work Area <input type="checkbox"/> Proximity to Electrical Source <input type="checkbox"/> Proximity to Commodity	<p>4. Adhesive and Tape</p> <input type="checkbox"/> Cover Vents and Door Seals	<p>7. Safety</p> <input type="checkbox"/> Gas Detection Tests for Leakage <input type="checkbox"/> Wind Sock <input type="checkbox"/> Self-Contained Breathing Apparatus (<i>SCBA</i>)	<input type="checkbox"/> PID-Photo Ionization Detector or Other Detection Tests Used During Aeration
<p>2. Pressure Testing</p> <input type="checkbox"/> Use Approved Pressure Testing Equipment	<p>5. Treatment Schedule Determination</p> <input type="checkbox"/> Plant Pest <input type="checkbox"/> Commodity Temperature <input type="checkbox"/> Space Temperature <input type="checkbox"/> Volume Determination <input type="checkbox"/> Sorptive Commodity <input type="checkbox"/> Amount of Fumigant	<p>8. Concentration Readings</p> <input type="checkbox"/> T/C Gas Analyzer (<i>Fumiscope</i>) or Spectros Unit Calibrated <input type="checkbox"/> Reading Time Intervals <input type="checkbox"/> Gas Distribution <input type="checkbox"/> Maximum/Minimum Readings Taken	
<p>3. Arrangement of Commodity and Equipment</p> <input type="checkbox"/> Stack Size Limitation <input type="checkbox"/> Placement of Plastic Sheeting Over Commodity Near Introduction Line <input type="checkbox"/> Placement of Fans Inside Container <input type="checkbox"/> Placement of Gas Introduction Lines <input type="checkbox"/> Placement of Sampling Tubes/Lines	<p>6. Fumigant Introduction</p> <input type="checkbox"/> Area Clear of Unauthorized Personnel <input type="checkbox"/> Fan Operation <input type="checkbox"/> Fumigant Cylinder Weight <input type="checkbox"/> Gas Line Connections <input type="checkbox"/> Volatilizer Heated to 150 Degrees Fahrenheit <input type="checkbox"/> Introduction Rate <input type="checkbox"/> Check for Leaks by Fumigator	<p>9. Aeration (Multiple Containers)</p> <input type="checkbox"/> Exhaust Fan(s) <input type="checkbox"/> Exhaust Tube(s) <input type="checkbox"/> Exhausted in a Non-Fumigation Area <input type="checkbox"/> Negligible Gas Readings Before Opening Doors	