

Space Fogging Management Plan

Version 2

Master Space Treatment Management Plan (STMP)

A Space Treatment Management Plan (STMP) is an organized, written description of the required steps involved to help ensure a safe, legal, and effective fogging application. It will also assist you and others in complying with pesticide product label requirements. Before any fogging begins, carefully read and review the label and Material Safety Data Sheets for each product that you are applying. This information may also be given to the appropriate company officials (supervisors, foreman, safety officer) in charge of the site to prepare them before, during and after each fogging. Preparation is the key to any successful space fogging. The success of the fogging is not only dependent on your ability to do your job but also upon carefully following all rules, regulations, and procedures required by governmental agencies.

Preliminary Planning & Preparation

A Space Treatment Management Plan should be used PRIOR TO **AND AFTER** each type of fogging application. Monitoring of these types of pesticides can not be done, only detection of their presence (Card-O-Vap 8™ & VAP-X™ ONLY) is currently available in the industry. During the space fogging applications, you must ensure that all steps to reduce personnel exposure have been done and per each product label, the requirements for re-entry are strictly followed. If you have any questions re: STMP's, please contact Cardinal Professional Products at 1-800-548-2223.

What is the purpose of the space fogging treatment?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><input type="checkbox"/> Control of insect infestation</td> <td style="width: 65%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Infestation Level</td> </tr> <tr> <td style="padding: 2px;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Heavy</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 25%;">Light</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other: (explain)</td> <td style="border: none;"></td> </tr> </table> </td> </tr> </table> <hr/>	<input type="checkbox"/> Control of insect infestation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Infestation Level</td> </tr> <tr> <td style="padding: 2px;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Heavy</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 25%;">Light</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other: (explain)</td> <td style="border: none;"></td> </tr> </table>	Infestation Level	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Heavy</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 25%;">Light</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> </tr> </table>	Heavy		Light		<input type="checkbox"/> Other: (explain)			
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What type of fogging treatment is it?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><input type="checkbox"/> Space: bins, mill, warehouse, food plant or other</td> </tr> <tr> <td><input type="checkbox"/> Vehicle: railcar, truck trailer, van, container</td> </tr> <tr> <td><input type="checkbox"/> Other, Describe:</td> </tr> </table> <hr/>	<input type="checkbox"/> Space: bins, mill, warehouse, food plant or other	<input type="checkbox"/> Vehicle: railcar, truck trailer, van, container	<input type="checkbox"/> Other, Describe:									
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Areas to be fogged:	<hr/>												
Has area been previously fogged? Is there an existing STMP from a previous fogging?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><input type="checkbox"/> No, has never been fogged before</td> </tr> <tr> <td><input type="checkbox"/> Yes, was previously fogged, and past documentation such as a STMP has been reviewed</td> </tr> </table>	<input type="checkbox"/> No, has never been fogged before	<input type="checkbox"/> Yes, was previously fogged, and past documentation such as a STMP has been reviewed										
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Describe fogging enclosure construction materials:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Construction material:</td> <td style="border: none;"></td> </tr> <tr> <td style="padding: 2px;">Design of structure:</td> <td style="border: none;"></td> </tr> <tr> <td style="padding: 2px;">Approximate age of structure:</td> <td style="border: none;"></td> </tr> <tr> <td style="padding: 2px;">Fire or combustibility issues</td> <td style="border: none;"></td> </tr> <tr> <td style="padding: 2px;">Connected structures</td> <td style="border: none;"></td> </tr> <tr> <td style="padding: 2px;">Additional information:</td> <td style="border: none;"></td> </tr> </table>	Construction material:		Design of structure:		Approximate age of structure:		Fire or combustibility issues		Connected structures		Additional information:	
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Diagram of Fogging Enclosure

Fully describe the structure to be fogged, and draw a diagram, including adjacent buildings and critical areas nearby. Denote features, hazards, structural characteristics areas/vents that require sealing in the area to be fogged. Check, mark and prepare the points of fogging application locations if the job requires entry into the structure for fogging.



Locations of VAP-X™ Cylinders	Show on Diagram	Location of Fogging Application sites	Show on Diagram
Accessibility of utility service connections	Show on Diagram	Location of Fogging Application sites	Show on Diagram
Emergency shut-off stations for electricity, water and gas	Show on Diagram	Location of Vap-X™ cylinders	Show on Diagram
Nearest telephone or other means of communication	Show on Diagram	Location of introduction lines (VAP-X™)	Show on Diagram
Application points if the structure/enclosure is entered for application	Show on Diagram	Location of warning signs (Card-O-Vap 8™ & VAP X™)	Show on Diagram
Off-site meeting area in case of emergency	Show on Diagram, or note here for description of location:		

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Persons who routinely enter area to be fogged
(employees, visitors, customers, etc.)

List of people:		Pesticide Notification
		CCR Title 3, Division 6, Sect. 6618
		Date Notified:
		Oral Notification yes no
		Written Notification yes no

Name and phone numbers of company officials:

Names	Phone #'s (day & night)

Emergency phone numbers of local health, fire, police, hospital, etc.:

	Agencies Notified: (Local Requirements)			
	Police:	Date:	Time:	Other:
	Fire:	Date:	Time:	Date: Time:

Length of time for **entire fogging period**, including exposure,
aeration, and clean up time

_____ Hours of Fogging Exposure Period (minimum)
 _____ Hours of Aeration
 _____ Hours of Clean Up Time
 _____ Total Hours

Special aeration requirements

Cleanup requirements of equipment and unused product, if necessary

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Application:

Product Used:

Review STMP, any prior STMP, Product Label and MSDS with company officials and appropriate employees

Check which Product Label reviewed with employees:

*Used with pesticides for better viscosity of product through equipment

Rate of Application

Introduction line specifications (Card-O-Vap 8™ & VAP X™)

Commodity Temperature or Ambient Temperature

Humidity or Commodity Moisture

Wind Speed

Volume of the Structure (cubic footage)

Note: Total Volume calculated does not contain cubic footage of product, equipment and areas not treated.

Sealing Procedure:

Check for obvious or hidden leakage points that may allow for passage of fogging product from the fogged enclosure to the exterior or to occupied structures (e.g. ducts, vents, etc.)

Check with Facility Manager; Mark on Diagram, Pg. 2

Note any and all possible hazards or areas of concern that has been addressed with management

Warning Signs posted at all entries and at least each side of the fogging enclosure (required for Card-O-Vap 8™ & VAP-X™)

Other Tasks:

<input type="checkbox"/>	Card-O-Vap 8™	EPA Reg. No.	8536-41
<input type="checkbox"/>	VAP-X™	EPA Reg. No.	8536-41
<input type="checkbox"/>	Cardinal Food Plant 5-1	EPA Reg. No.	8536-35
<input type="checkbox"/>	Cardinal Endure ULV	EPA Reg. No.	1021-1734-8536
<input type="checkbox"/>	Pyrocide 100	EPA Reg. No.	1021-1424
<input type="checkbox"/>	Pyrocide 300	EPA Reg. No.	1021-1177
<input type="checkbox"/>	ULD BP 100	EPA Reg. No.	499-452
<input type="checkbox"/>	ULD BP 300	EPA Reg. No.	499-450
<input type="checkbox"/>	Cirrus	EPA Reg. No.	1021-1812
<input type="checkbox"/>	altoCirrus	EPA Reg. No.	1021-1875
<input type="checkbox"/>	Shockwave	EPA Reg. No.	1021-1810
<input type="checkbox"/>	JetStream	EPA Reg. No.	1021-1851
<input type="checkbox"/>	Riptide	EPA Reg. No.	1021-1785
<input type="checkbox"/>	Vampyre	EPA Reg. No.	1021-1800
<input type="checkbox"/>	Sector	EPA Reg. No.	1021-1834
<input type="checkbox"/>	NyGuard	EPA Reg. No.	1021-1603
<input type="checkbox"/>	Gentrol	EPA Reg. No.	2724-351
<input type="checkbox"/>	Bio-Link Buffering Agent	EPA Reg. No.	This product is FIFRA 25 (b) exempt.
<input type="checkbox"/>	Other: _____	EPA Reg. No.	_____

Rate:	_____
Specs:	_____
Temperature:	_____
Humidity or Moisture:	_____
Wind Speed:	_____
Volume:	_____
<input type="checkbox"/> Yes, only treatable space has been calculated	
List sealing procedures and methods: (If building or structure has been treated before, review previous STMP)	

Name of Facility Manager: _____

Notes: _____

Warning signs posted at each entry	Card-O-Vap 8™ & VAP-X™ only
Minimum Exposure Period:	

<input type="checkbox"/>	Label and MSDS available
<input type="checkbox"/>	Documented training of all applicators and handlers
<input type="checkbox"/>	Confined Space Entry Compliance
<input type="checkbox"/>	All Safety Equipment Available: List the equipment:

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Personnel:

- Confirm in writing that all personnel in and around the structure and/or area to be fogged have been notified prior to application of the product. **Use a checklist showing that each employee has received notification and attach to STMP.**

- Instruct all service personnel to read the product label used for fogging application concerning the hazards that may be encountered, the selection of personal protective equipment (PPE), including detection equipment for aeration (Card-O-Vap 8™ & VAP-X™)

- Instruct all personnel on how to report any accident and/or incidents related to product exposure. Provide a telephone number for emergency response reporting
 Name of Responsible Person: _____ Phone Number: _____

- Instruct all personnel to report to proper authorities any theft of fogging product and/or equipment related to fogging

- Establish a meeting area (off-site) for all personnel in case of an emergency, and mark on Diagram or list the location here:

- Only persons directly involved in the fogging may enter the area under treatment, unless it has been determined that: _____

Description of Detection Equipment:
(Describe equipment used and any limitations)

- Phosphoric acid ester tubes (Draeger)
 For Card-O-Vap 8™ & VAP-X™ only. It is recommended that you use detection devices for all fogging applications prior to reentry, the label requires Chlorometric (phosphoric acid ester) tubes to be used prior to the 24 hour exposure period for re-entry.

Special Notes:

Space Treatment Management Plan Prepared By:
 Licensed Applicator: (For application)
 Company:
 Date:
 Phone Number:

License #:

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Post Application: Worker & Public Safety

Note: The area can not be re-entered without personal protective equipment worn unless it has been determined that pesticide concentrations are at or below safe levels

Worker & Public Safety Monitoring	Readings (ppm)
Date:	
Time:	
Location:	

California Only: Card-O-Vap 8%™ & VAP-X™
at or below 0.01ppm

All Other States: at or below 0.05ppm

Worker & Public Safety Monitoring	Readings (ppm)
Date:	
Time:	
Location:	

Worker & Public Safety Monitoring	Readings (ppm)
Date:	
Time:	
Location:	

Aeration Commencement:

Give a complete description of aeration procedures here:
List corrective procedures in case of over-exposure to bystanders

<input type="checkbox"/> Certified Applicator Available
<input type="checkbox"/> Temperature at aeration commencement: _____
Licensee: _____
License Number: _____
Date: _____
Time: _____
Fans Utilized _____ Type: _____

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Final Aeration:

<input type="checkbox"/>	Level of Card-O-Vap 8 TM & VAP-X TM is 0.01 ppm or below (California only), all other states levels must be at 0.05 ppm or below. (Draeger phosphoric acid ester tubes)
<input type="checkbox"/>	Remove warning placards (Card-O-Vap 8TM & VAP-XTM only)
<input type="checkbox"/>	Inform employees that area is clear and allow re-entry
<input type="checkbox"/>	Final aeration readings taken by:
	Date:
	Time:
	Licensee or Trained Applicator :
	License Number (if licensed):

Pictures of Draeger Colorimetric Tubes Inserted Below: