

## PROPOSED TEXT

### California Code of Regulations Title 16. Professional and Vocational Regulations Division 19. Structural Pest Control Board

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

#### § 1970. Standards and Record Requirements.

For the purpose of maintaining proper standards of safety and the establishment of responsibility in handling the dangerous gases used in fumigation and the pesticides used in other pest control operations, a registered company shall compile and retain for a period of at least three years, a Standard Structural Fumigation Log (Form number 43M-47, Rev. 6/2023), hereby incorporated by reference, ~~log~~ for each fumigation job and a report, as defined in subsection (a), for each structural pest control application ~~pesticide control operation~~ in which a pesticide is used by the registered company or the registered company's employee. If the fumigation is to be performed by a fumigation subcontractor, the subcontractor shall complete the fumigation log and forward a copy of the log to the primary contractor within ten business days.

(a) ~~The log (See Form 43M-47 (Rev. 5/07) at the end of this section) for each fumigation job shall contain the following information:~~

~~Name, address and company registration certificate number of prime contractor.~~

~~Name, address and company registration certificate number of subcontractor, if any.~~

~~Address of property.~~

~~Date of fumigation.~~

~~Name and address of owner or his or her agent.~~

~~Date and hour fire department was notified pursuant to Business and Professions Code section 8505.5.~~

~~Date and hour county agricultural commissioner was notified and method of notification, where required.~~

~~Property description including type of structure as to details of roofing, walls, and the presence of construction elements, conduits, drains, air ducts, or vacuum systems that could allow the passage of fumigant from the structure to be fumigated to any adjacent or adjoining structure(s), thereby connecting them, and method(s) used to prevent passage of the fumigant.~~

~~Cubic feet fumigated.~~

~~Target pest(s).~~

~~Kind of fumigant(s) used.~~

~~United States Environmental Protection Agency registration number(s) of fumigant(s).~~  
~~Name of warning agent and amount used.~~  
~~Type of sealing method used.~~  
~~Weather conditions as to temperature and wind.~~  
~~Date and hour fumigant introduced.~~  
~~Cylinder number of each fumigant used.~~  
~~Weight of each fumigant cylinder before introduction of gas.~~  
~~Pounds of fumigant used from each cylinder.~~  
~~Total pounds of fumigant used.~~  
~~List of any extraordinary safety precautions taken.~~  
~~Name, signature and license number of operator or field representative releasing fumigant.~~  
~~First name and surname of crew when fumigant was released, when aeration commenced and when the property was released for occupancy.~~  
~~Indication of whether or not safety equipment was available at the fumigation site at the time the fumigant was introduced, when ventilation commenced and when the property was released for occupancy.~~  
~~Date and hour aeration commenced.~~  
~~Conditions of tarp and seal.~~  
~~Name, signature and license number of operator or field representative commencing ventilation.~~  
~~Type of device(s) used to test for re-entry.~~  
~~Date and hour ready for occupancy.~~  
~~Name, signature and license number of operator or field representative releasing property for occupancy.~~  
~~Method used to calculate amount of fumigant used.~~  
~~Factors used in calculation of fumigant.~~  
~~Special notes or comments pertinent to fumigation.~~

(ba) The report for each structural pest control operation-application, other than fumigation, in which a pesticide is used shall contain the following information:

1. Date and time of application-treatment.
2. Name of owner or his or her their agent.
3. Address of property.
4. Description of area(s) treated.
5. Target pest(s).
6. Pesticide product name, including U.S. Environmental Protection Agency or CA registration number on the pesticide label and amount used.
7. Identity and license number of Applicator(s) person or persons who applied the pesticide(s) or the identity and license number of the Field Representative

or Operator who applied or supervised the application of restricted material(s) by Applicator(s).

OR

8. Identity and license number of the noncertified commercial applicator(s) who applied pesticide(s) or the identity and license number of the certified commercial applicator who applied or supervised the application(s) of restricted material(s) by the noncertified applicator.

(eb) The term “fraudulent act” as used in Section 8642 includes but is not limited to the falsification of any records pertaining to fumigation jobs or other pest control operations in which a pesticide other than a fumigant is used.

Note: Authority cited: Section 8525, Business and Professions Code. Reference: Sections 8505.5, 8505.7, 8505.13, 8505.15, 8505.16, 8516, 8642, 8646 and 8652, Business and Professions Code.



# STANDARD STRUCTURAL FUMIGATION LOG

|  |                              |  |                    |
|--|------------------------------|--|--------------------|
| ADDRESS OF PROPERTY  |                              | CITY   | DATE OF FUMIGATION |
| PRIME CONTRACTOR NAME AND ADDRESS  |                              | SUBCONTRACTOR NAME AND ADDRESS (if applicable)         |                    |
|  | PR# / BR#                    |  | PR# / BR#          |
| OWNER/AGENT NAME AND ADDRESS   |                              | FIRE DEPT. NOTIFIED<br>(DATE) (HOUR)                   |                    |
| PROPERTY DESCRIPTION   |                              | C.A.C. NOTIFIED (METHOD)(DATE)(HOUR)                   |                    |
| NOTES / COMMENTS   |                              |  |                    |
| <b>SECTION 1 – FUMIGANT RELEASED</b>   |                              |  |                    |
| TARGET PEST  | WARNING AGENT                | CUBIC FEET   | OUNCES USED        |
| FUMIGANT / E.P.A. REGISTRATION NO.   | SEALING METHOD               | DATE/TIME GAS INTRODUCED                               |                    |
|  | CYLINDER SERIAL NO.          | WT. BEFORE INTRO.                                      | POUNDS APPLIED     |
| WIND M.P.H. AIR TEMP   | CYLINDER SERIAL NO.          | WT. BEFORE INTRO.                                      | POUNDS APPLIED     |
|  | CYLINDER SERIAL NO.          | WT. BEFORE INTRO.                                      | POUNDS APPLIED     |
| EXTRAORDINARY PRECAUTIONS  |                              |  | TOTAL POUNDS       |
| <input type="checkbox"/> FUMIGUIDE B <input type="checkbox"/> FUMIGUIDE Y <input type="checkbox"/> VIKANE CALCULATOR <input type="checkbox"/> FUMICALC CALCULATOR <input type="checkbox"/> OTHER _____ |                              |  |                    |
| DOSAGE FACTOR _____  | UNDER SEAL _____             |  |                    |
| TARP CONDITION _____   | TEMPERATURE _____            |  |                    |
| SEAL CONDITION _____   | HOURS EXPOSURE _____         |  |                    |
| WIND (MPH) _____   | MONITOR JOB (YES / NO) _____ |  |                    |
| VOLUME _____   |                              |  |                    |
| CREW MEMBER(S) FULL NAME(S):   |                              |  |                    |
|  |                              |  |                    |
|  |                              |  |                    |
|  |                              |  |                    |
|  |                              |  |                    |
|  |                              |  |                    |
| WAS REQUIRED SAFETY EQUIP. PROVIDED?<br>YES ( ) NO ( )   |                              | LICENSEE RELEASING FUMIGANT<br>SIGNATURE               | LICENSE NO.        |
| <b>SECTION 2 – VENTILATION COMMENCED</b>   |                              |  |                    |
| AERATION COMMENCED:<br>DATE TIME   |                              | TARP / SEAL CONDITION                                  |                    |
| CREW MEMBER(S) FULL NAME(S):   |                              |  |                    |
|  |                              |  |                    |
|  |                              |  |                    |
| WAS REQUIRED SAFETY EQUIP. PROVIDED?<br>YES ( ) NO ( )   |                              | LICENSEE COMMENCING VENTILATION<br>SIGNATURE           | LICENSE NO.        |
| <b>SECTION 3 – RELEASED FOR OCCUPANCY</b>  |                              |  |                    |
| TESTING DEVICE USED:   |                              | PROPERTY CERTIFIED SAFE FOR RE-ENTRY:<br>DATE TIME     |                    |
| CREW MEMBER(S) FULL NAME(S):   |                              |  |                    |
|  |                              |  |                    |
|  |                              |  |                    |
|  |                              |  |                    |
| WAS REQUIRED SAFETY EQUIP. PROVIDED?<br>YES ( ) NO ( )   |                              | LICENSEE RELEASING PROPERTY FOR OCCUPANCY<br>SIGNATURE | LICENSE NO.        |