**Pest Management – Activity risk management plan**

**Fumigation activity**

| **1. Details of pest management technician carrying out fumigation activity** | |
| --- | --- |
| Name |  |
| Licence number |  |
| Contact details |  |
|  |
| **2. Details of customer who arranged fumigation activity** | |
| Name of customer |  |
| Contact details |  |
|  |
| Name of person responsible for control of place, if different |  |
|  |
| Contact details |  |
|  |
| Entry procedures to gain access to the place |  |
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| **3. Details of place where fumigation activity is to be carried out** | |
| Address of place/fumigation site |  |
|  |
|  |
| Details of place/fumigation site including type of fumigation space, availability of water and power  (Including brief description and/or diagram, on pg.4 if practicable) |  |
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| **4. Fumigation activity details** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Date & time activity | Date: / / Time: : am/pm | | | | | |
| Thing/commodity to be fumigated |  | | | | | |
|  | | | | | |
|  | | | | | |
| Reason for activity |  | | | | | |
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|  | | | | | |
| Pests to be controlled |  | | | | | |
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| Name, type, active constituent and concentration of fumigant to be used |  | | | | | |
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|  | | | | | |
| How the fumigation space and risk area will be secured, and how will access be restricted |  | | | | | |
|  | | | | | |
|  | | | | | |
| Length of fumigant exposure period (retention time) |  | | | | | |
|  | | | | | |
| How will fumigation space will be ventilated following fumigation |  | | | | | |
|  | | | | | |
|  | | | | | |
| Method of determining whether fumigation space is safe for entry |  | | | | | |
|  | | | | | |
|  | | | | | |
| Are there any special controls or precautions that need to be taken based on nature of the premises/fumigation site |  | | | | | |
|  | | | | | |
|  | | | | | |
| Estimated time to complete fumigation activity | Days Hours Minutes | | | | | |
| **5. Risks associated with Fumigation activity and controls required** | | | | | | |
|  | **Hazard Risk** | **Likelihood** | | **Consequence** | | **Risk Type** |
| List hazards/risks related to the activity.  Refer to the tables below to assign a level of likelihood and consequence for each hazard/risk, then use risk matrix to assign the risk type. |  |  | |  | |  |
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| Measures to be implemented to control the identified risk |  | | | | | |
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| Procedures for dealing with emergency incidents that arise during the activity |  | | | | | |
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|  | | | | | |
| Follow-up actions required |  | | | | | |
|  | | | | | |
| **6. Other considerations** | | | | | | |
| Are there any applicable Standards/codes/legislation |  | | | | | |
|  | | | | | |
|  | | | | | |
| Identify all persons involved in activity, and their roles/responsibilities |  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Communication/reporting requirements |  | | | | | |
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|  | | | | | |
| Other |  | | | | | |
| **7. Endorsement of plan** | | | | | | |
| I confirm that I have given due consideration to the matters required for an activity risk management plan for a Fumigation activity, as per s24 of the Medicines and Poisons (Pest Management Activities) Regulation 2021. | | | | | | |
| Name of preparer of plan |  | | | | | |
| PMT Licence number of preparer |  | | | | | |
| Contact details of preparer of plan |  | | | | | |
| Signature of preparer of plan |  | | Date | |  | |
| Signature of PMT who will carry out activity |  | | Date | |  | |

| **8. Diagram of locations/area where activity to be carried out (\*see Section 3 above)** |
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|  |

**Likelihood:**

| **Level** | **Descriptor** | **Description** |
| --- | --- | --- |
| **A** | Almost certain | Almost certain to occur at this time and location |
| **B** | Likely | Will probably occur at this time and location |
| **C** | Moderate | Should occur some time |
| **D** | Unlikely | Might occur some time |
| **E** | Rare | May occur, but only in exceptional circumstances |
| **F** | Never | It is not foreseeable to occur at this location |

**Consequence:**

| **Level** | **Descriptor** | **Description** |
| --- | --- | --- |
| **1** | Insignificant | No injuries, low financial loss / property damage |
| **2** | Minor | First aid treatment, medium financial loss / property damage, immediately contained |
| **3** | Moderate | Medical treatment required, medium financial loss / property damage |
| **4** | Major | Extensive injuries, significant financial loss / property damage, toxic release onsite only |
| **5** | Catastrophic | Death or hospitalisation due to serious injuries, huge financial loss/ property damage, toxic release on/offsite |

**Risk Matrix:**

| **Consequences** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Likelihood** | **1** | **2** | **3** | **4** | **5** |
| **A** | Moderate | High | Severe | Severe | Severe |
| **B** | Moderate | High | High | Severe | Severe |
| **C** | Low | Moderate | High | Severe | Severe |
| **D** | Low | Low | Moderate | High | Severe |
| **E** | Low | Low | Moderate | High | Severe |
| **F** | Low | Low | Moderate | High | High |

**Legend:**

Severe: Detailed research and management planning required at senior level

High: Senior management attention required

Moderate: Management responsibility must be specified

Low: Manage by routine procedures