

SAMPLE

PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (CHLOROPICRIN ONLY PRODUCTS)

FMP Elements:

- [I. Certified Applicator Supervising the Application](#)
- [II. General Site Information](#)
- [III. Application Block Owner Information](#)
- [IV. Recordkeeping](#)
- [V. General Application Information](#)
- [VI. Buffer Zones](#)
- [VII. Emergency Response Plan](#)
- [VIII. Communication Between Applicator, Owner and Other On-site Handlers](#)
- [IX. Handler Information](#)
- [X. Tarp Plan](#)
- [XI. Soil Conditions](#)
- [XII. Posting Signs – Fumigant Treated Area and Buffer Zone](#)
- [XIII. Emergency Preparedness and Response Measures](#)
- [XIV. State and/or Tribal Lead Agency Advance Notification](#)
- [XV. Air Monitoring Plan](#)
- [XVI. Good Agricultural Practices \(GAPs\)](#)

Attachments:

Check the boxes if the information below is attached as a separate document to the FMP.

- Site map, aerial photo or detailed sketch
- Description of evacuation routes (this can be included in the site map)
- Written agreement, if the buffer zone extends onto land not under the control of the owner of the application block
- Handler Information (Use EPA's Microsoft Word or PDF template)
- GAPs
- Other:

SAMPLE

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The below text fields will expand as the text is entered. After completing each field, use Tab key to go to next text field or check box.

I. Certified Applicator Supervising the Application			
Name: Jonathan Murphy	Phone number: (800)232-8963	License and/or certificate number: 5398-45A	<input checked="" type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: RM Applicators	Employer address: 1243 James Way Oakton, WA 57914		
Date and location of completing EPA approved certified applicator training program: September 25, 2013. Took the registrant training online.			
II. General Site Information			
Application block location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: 858 White Haven Road, Arbor, WA 58963			
<input checked="" type="checkbox"/> Site map, aerial photo attached to the FMP or detailed sketch provided below that shows (application block location, application block dimensions, buffer zone dimensions, property lines, roadways, rights-of-ways, sidewalks, permanent walking paths, bus stops, nearby application blocks, surrounding structures (occupied and non-occupied), locations of Buffer Zone signs, and locations of difficult to evacuate sites within 1/4 mile of the application block if the buffer zone is greater than 300 feet, or 1/8 mile if the buffer zone is 300 feet or less). See attached.			
Comments:			
III. Application Block Owner Information			
Name: Ron Klicman	Address: 626 Oxford St. Francis, WA 57432		Phone number: (800)654-3298
IV. Recordkeeping			
<input checked="" type="checkbox"/> The owner of the application block has been informed that he/she as well as the certified applicator must keep a signed copy of the site-specific FMP and the post-application summary for 2 years from the date of application.			
V. General Application Information			
Target application date/window: 10/15/13-10/22/13	EPA Registration Number: 87994-4	Fumigant Product Name: Pic Plus Fumigant	
VI. Buffer Zones			
Application method: <input type="checkbox"/> Tarp strip <input type="checkbox"/> Tarp bedded <input checked="" type="checkbox"/> Tarp broadcast <input type="checkbox"/> Untarp bedded <input type="checkbox"/> Untarp broadcast <input type="checkbox"/> Deep untarp broadcast <input type="checkbox"/> Tarp drip <input type="checkbox"/> Untarp buried drip <input type="checkbox"/> Hand held probes (tree hole)	Application Rate from the buffer zone table on the label, (if the rate used is not in the buffer zone table, round up to the next value): 205 lbs of product	Injection Depth (inches): 10	Application Block Size from the buffer zone table on the label, (if the block size is not in the buffer zone table, round up to the next value): 20
Credits applied and measurements taken (if applicable): <input checked="" type="checkbox"/> Tarp (Brand name and tarp manufacturer: Berry Plastics Blockade , Lot Number: 258 , Batch Number: 357G , Part Number 9985 , Thickness: 1.25 mil , Color: black): 20% <input type="checkbox"/> Symmetry™ application system: % <input type="checkbox"/> Potassium thiosulfate: % <input type="checkbox"/> Water seal: % <input type="checkbox"/> Organic matter content: 1.5% (measurement), 10% <input type="checkbox"/> Clay content: (measurement), % <input type="checkbox"/> Soil temperature: (measurement), %			
Total credits: 30%			
Buffer zone distance: 105			
Are there areas in the buffer zone that are not under the control of the owner of the application block? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, describe the areas and attach the written agreement to the FMP.			
VII. Emergency Response Plan			

Description of evacuation routes (a diagram or drawing may be attached to the FMP): Evacuate upwind and meet at either the north entrance to the farm or at the corner of Quarton and Maple.		
<input type="checkbox"/> Check here if diagram or drawing is attached or if evacuation routes are included in the site map.		
Locations of telephones: Phones are located in the main office at 900 White Haven Road, Arbor, WA 58963. The certified applicator will carry a cell phone at all times.		
Contact information for first responders: Arbor Fire Department 1255 State Street, Arbor, WA 58295, call 911	Local/state/federal contacts: Washington State Department of Agriculture 158 Peabody Drive Olympia, WA 25498 (360) 258-1349	
Emergency procedures/responsibilities in case of an incident, sensory irritation is experienced outside of the buffer zone and/or there are equipment/tarp/seal failure, complaints or other emergencies: Call 911 if anyone experiences symptoms of exposure, conditions pose risks to people (i.e., air stagnation advisories, chemical spills, etc.). For other emergencies, e.g., tarp failure, call the certified applicator.		
VIII. Communication Between Applicator, Owner, and Other On-site Handlers		
<input checked="" type="checkbox"/> Pesticide product labels and material safety data sheets are at the application block and available for employees to review.		
Will the certified applicator be at the application site during all handler activities that take place after the application is complete until the entry restricted period expires? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If no, describe how the certified applicator will share the label requirements with the owner and/or handlers who will be present at the application block after the application is complete until the entry restricted period expires. Include the name and phone number of persons contacted as well as the date they were contacted. On 10/13/13 Jonathan Murphy called Ron Klicman (800)654-3298 to discuss the planned application and to let Ron know that he will be dropping off the label, a copy of the FMP and other information relevant to the application. Jonathan also let Ron know that he will call him after the application and let him know the actual date and time of the application, when tarp cutting and removal can occur, when the entry restricted period expires and also the appropriate PPE. Jonathan re-iterated that during the entry restricted period workers and bystanders are prohibited from entering the application block.		
IX. Handler Information (use EPA's Microsoft Word or PDF version of the handler information template)		
<input checked="" type="checkbox"/> Information for all handlers is attached to the FMP		
<input checked="" type="checkbox"/> At minimum 2 handlers have the proper respirators and cartridges/canisters		
<input checked="" type="checkbox"/> Appropriate respirators and cartridges/canisters are available for each handler that will wear one		
Comments/notes:		
X. Tarp Plan (check here if section is not applicable <input type="checkbox"/>)		
Schedule for checking tarps for damage, tears, and other problems: Once a day after the application is complete until the tarps are perforated.		
Minimum size of damage that will be repaired: 1-2 feet		
Factors used to determine when tarp repair will be conducted: Weather conditions, location and timing of the damage, if tarps could blow into power lines and/or roads, if sensory irritation is experienced.		
Equipment/methods used to perforate tarps: <input checked="" type="checkbox"/> mechanical: ATV <input type="checkbox"/> hand:		
Target dates for perforating tarps: 10/20/13-10/27-2013 (plan to perforate the tarps 5 days after the application is complete)		
Target dates for removing tarps: 10/20/2013-10/27/2013 (plan to remove the tarps 2 hours after tarp perforation is complete)		
XI. Soil Conditions		
Soil texture: sandy loam		
Soil Temperature: Has the air temperature been above 100 °F in any of the 3 days prior to application? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
If yes, record the soil temperature measurement:		
Soil Moisture: (check the box of the method used to determine the soil moisture)		
USDA Feel and Appearance Method <input checked="" type="checkbox"/>	Instrument <input type="checkbox"/>	Other <input type="checkbox"/>
Description of soil: moderately coarse textured soil, soil formed a ball with defined finger marks, very light soil/water staining on fingers, darkened color, soil will not stick.	Instrument used:	Describe method:
Percent water capacity estimate: 50-75%	Percent water capacity:	Percent water capacity:
XII. Posting Signs – Fumigant Treated Area and Buffer Zone		
Name(s) of person(s) posting and removing Fumigant Treated Area and Buffer Zone signs: posting both treated area and buffer zone signs: James Simon; removing both treated area and buffer zone signs: Ron Klicman		
Location of Buffer Zone signs: Signs are located around the perimeter of the buffer zone.		
XIII. Emergency Preparedness and Response Measures (check here if section is not applicable <input type="checkbox"/>)		

SAMPLE

If Emergency Preparedness and Response Measures are triggered, check the option below that will be used:

Fumigant site monitoring or Response information for neighbors

Fumigant site monitoring (if applicable)

Response information for neighbors (if applicable)

List when and where it will be conducted: **monitoring will occur between the buffer zone and the house that triggers this requirement. Anticipate the following monitoring times:**

1. on the day of the application 1 hour before sunset
2. around 10 pm that evening
3. the next day about 1 hour after sunrise
4. around 2 pm the day following the application
5. 1 hour before sunset on the day following the application
6. around 10 pm on the evening following the day of the application
7. on the second day after the application around 1 hour after sunrise, and
8. on the second day after the application around 2 pm.

List residences and businesses informed:

Name and phone number of person providing the information:

List the method of providing the information:

XIV. State and/or Tribal Lead Agency Advance Notification (check here if section is not applicable)

Date notified:

Person notified:

XV. Air Monitoring Plan

If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropicrin, handlers must stop work and leave the application block.

If sensory irritation is experienced check which of the following procedures will be followed:

Intend to cease operations or Intend to continue operations with respiratory protection

Handler Tasks to be Monitored

Monitor where sensory irritation is experienced or locations where 1.5 ppm was exceeded. In addition when full-face respirators are worn will plan to monitor tractor drivers, shovelers, tarp perforators and tarp removers.

Monitoring Equipment

Draeger Pump: P/N 640000
Draeger Tubes: Chloropicrin 0.1/a P/N 8103421

Timing

When handlers are wearing respirators, will plan to monitor every 2 hours from when the respirator was put on. If work must stop, plan to wait 15 minutes and then take the first sample and then wait another 15 minutes and take a sample. Will plan to continue to sample every 15 minutes until 2 consecutive samples are below the triggers.

XVI. Good Agricultural Practices (GAPs)

Check here if applicable mandatory GAPs are attached to the FMP (this could be a copy of the label highlighting the applicable GAPs). If this box is not checked, the checklist below must be completed.

General

- Tarps
- Weather Conditions
- Soil Preparation
- Soil Sealing

Shank Applications

- Tarps
- Soil Preparation
- Soil Temperature
- Soil Moisture
- Application Depth
- Prevention of End Row Spillage
- Calibration, Set-up, Repair, and Maintenance for Application Rigs

Drip Irrigation Applications

- Tarps
- Soil Preparation
- Soil Moisture
- System Controls and Integrity
- Site of Injection and Irrigation System Layout

Tree Replant Application Using Handheld Equipment

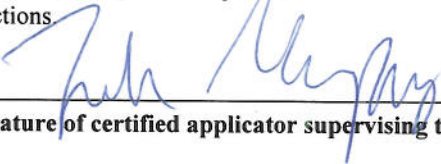
- Soil Preparation
- Application Depth
- System Flush
- Soil Sealing

SAMPLE

- System Flush
- Soil Sealing
- Pre-Plant Soil Fumigation in Greenhouses

Description of other product specific GAPs from label that will be followed: **NA**

Before beginning the fumigation, I have verified that this site-specific FMP reflects current site conditions and product label directions.

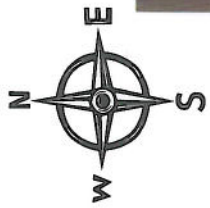


Signature of certified applicator supervising the application

10/17/2013

Date

SAMPLE



Site Map



The closest DES is a school that is 1 mile away to the south and is not shown in this picture.

SAMPLE

Handler (including certified applicator) Information and PPE

Handler Name, Address, and Phone Number	Employer Name, Address, and Phone Number	Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)	PPE (check all that apply)	Respirator Information (leave blank if "no respirator" is checked under PPE)
Jonathan Murphy 8932 Upstate Road Dover Creek, WA 58681 (800) 232-8963	RM Applicators 1243 James Way Oaktown, WA 57432 (800) 232-8963	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 02/15/13	Make: Survivair Model: OPT-FIT Type: APR Style: Full-Face Size: Small Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridges Fit test date: 3/1/13 Training date: 3/1/13 Medical qualification date: 3/1/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling Information within the past 12 months.				
*1. Loaders, drivers, tractor co-pilots, shovelers, cross-ditchers, or other direct application participants 2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application) 3. Tasks with liquid contact potential 4. Installing, perforating or removing tarps 5. Repairing, or monitoring tarps until 14 days after the application is complete if tarps are not perforated and removed during those 14 days. 6. Monitoring fumigant air concentrations 7. Handling or disposing of fumigant containers 8. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues 9. Installing, repairing, operating, or removing irrigation equipment in the application block or buffer zone 10. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone 11. Performing other WPS handling tasks				
Comments/notes:				

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Chad Somerset 817 Ontario Naperville, WA 57348 (800) 694-8267	RM Applicators 1243 James Way Oakton, WA 57432 (800) 232-8963	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 02/15/13	Make: Survivair Model: OPT-Fit Type: APR Style: Full-Face Size: Small Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridges Fit test date: 3/1/13 Training date: 3/1/13 Medical qualification date: 3/1/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
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Paul Schultz 2588 Huntington Road Overview, WA 57196 (800) 579-2178	RM Applicators 1243 James Way Oakton, WA 57432 (800) 232-8963	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 02/15/13	Make: Survivair Model: OPT-Fit Type: APR Style: Full-Face Size: Small Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridges Fit test date: 3/1/13 Training date: 3/1/13 Medical qualification date: 3/1/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
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Comments/notes:				

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Kevin Beltran 23 Peachtree Street Seymour, WA 57296 (800) 555-8564	RM Applicators 1243 James Way Oakton, WA 57432 (800) 232-8963	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 02/15/13	Make: Survivair Model: OPT-Fit Type: APR Style: Full-Face Size: Medium Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridges Fit test date: 3/1/13 Training date: 3/1/13 Medical qualification date: 3/1/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
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SAMPLE

SAMPLE

Handler (including certified applicator) Information and PPE

Handler Name, Address, and Phone Number Craig Kane 6524 Dover Ave Seymour, WA 57296 (800) 555-0128	Employer Name, Address, and Phone Number RM Applicators 1243 James Way Oaktown, WA 57432 (800) 232-8963	Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)	PPE (check all that apply) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input checked="" type="checkbox"/> No respirator PPE training date: 02/15/13	Respirator Information (leave blank if "no respirator" is checked under PPE)
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Comments/notes: Will stop work rather than use a respirator if sensory irritation occurs. Will implement air monitoring plan to determine when it is permissible to resume work (i.e., air concentrations are below label trigger levels) or will contact the certified applicator supervising the application to determine when it is safe to resume work.				

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David Ron 85 Rolling Meadow Lane Plainsview, WA 58234 (800) 555-3114	RM Applicators 1243 James Way Oakton, WA 57432 (800) 232-8963	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input checked="" type="checkbox"/> No respirator PPE training date: 02/15/13	Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
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Jason Vogel 1764 Whitman Drive Riverside, WA 58974 (800) 555-9091	RM Applicators 1243 James Way Oaktown, WA 57432 (800) 232-8963	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 02/15/13	Make: Survivair Model: OPT-Fit Type: APR Style: Full-Face Size: Medium Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridges Fit test date: 3/1/13 Training date: 3/1/13 Medical qualification date: 3/1/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling Information within the past 12 months.				
<p>*1. Loaders, drivers, tractor co-pilots, showelers, cross-ditchers, or other direct application participants</p> <p>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)</p> <p>3. Tasks with liquid contact potential</p> <p>4. Installing, perforating, or removing tarps</p> <p>5. Repairing, or monitoring tarps until 14 days after the application is complete if tarps are not perforated and removed during those 14 days.</p> <p>6. Monitoring fumigant air concentrations</p> <p>7. Handling or disposing of fumigant containers</p> <p>8. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues</p> <p>9. Installing, repairing, operating, or removing irrigation equipment in the application block or buffer zone</p> <p>10. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone</p> <p>11. Performing other WPS handling tasks</p>				
Comments/notes:				

SAMPLE

PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (CHLOROPICRIN ONLY PRODUCTS)

Post Application Summary Elements:

General Application Information

Weather Conditions

Tarp Damage and Repair

Tarp Perforation/Removal

Complaints

Description of Incidents

Communication Between Applicator, Owner, and Other On-site Handlers

Posting Signs – Fumigant Treated Area and Buffer Zone

Handler Information for Changes Since the FMP

Other Deviations from the FMP

Attachments:

Check the boxes if the information below is attached to the Post Application Summary (e.g., there are changes from the FMP or monitoring information has been recorded. Attachments that are not applicable do not need to be included in the final Post Application Summary).

- Handler Information (for changes since the FMP)
- Air Monitoring Results
- Drip Application Monitoring Results
- Other:

SAMPLE

PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (CHLOROPICRIN ONLY PRODUCTS)

(Only fill-in information if it is different from the FMP or where the label requires that measurements/information are recorded in the post-application summary)

The below text fields will expand as the text is entered. After completing each field, use Tab key to go to next text field or check box.

General Application Information				
Application date and time: 10/17/13- started at 1 pm ended at 5 pm		Application Rate (e.g., lbs or gallons of product/treated acre or broadcast equivalent rate): 205 lbs of product/treated acre		Application Block Size: 20 acres
Application method: <input type="checkbox"/> Tarp strip <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Untarp bedded <input type="checkbox"/> Untarp broadcast <input type="checkbox"/> Deep untarp broadcast <input type="checkbox"/> Tarp drip <input type="checkbox"/> Untarp buried drip <input type="checkbox"/> Hand held probes (tree hole) <input checked="" type="checkbox"/> No change from the FMP		EPA Registration Number: <input checked="" type="checkbox"/> No change from the FMP	Fumigant Product Name: <input checked="" type="checkbox"/> No change from the FMP	Injection Depth (inches): <input checked="" type="checkbox"/> No change from the FMP
Weather Conditions				
Summary of the National Weather Service weather forecast (including wind speed and air stagnation advisories, if applicable) during the application and the 48-hours after the application is complete (a printed copy may be attached to the post-application summary): <input type="checkbox"/> Check here if printed copy is attached to the post-application summary or complete the following: National Weather Service weather forecast: During the day partly sunny with a high around 52. Nighttime conditions are partly cloudy with a low around 40. Wind Speed: West wind 5 to 7 mph Air-Stagnation Advisories: none				
Tarp Damage and Repair (check here if section is not applicable <input type="checkbox"/>)				
Date of tarp damage discovery: 10/17/13				
Location and size of tarp damage: During the application a section of the tarps in the southeast corner of the field, closest to the road and houses, came unglued.				
Description of tarp/tarp seal/tarp equipment failure: During the application a section of the tarps in the southeast corner of the field, closest to the road and houses, came unglued.				
Date and time tarp repair was completed: 10/17/13 at 1:50 pm				
Additional comments or other deviations from FMP (if applicable):				
Tarp Perforation/Removal (check here if section is not applicable <input type="checkbox"/>)				
Date and time tarps were perforated: 10/23/13-perforation started at 8 am and ended at 10 am			Date and time tarps were removed: 10/23/13-removal began at noon and ended at 1 pm.	
Were tarps perforated and/or removed early? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, describe the conditions that led to the early tarp perforation and/or removal:				
Complaints (check here if section is not applicable <input checked="" type="checkbox"/>)				
Person filing complaint: <input type="checkbox"/> On-site handler <input type="checkbox"/> Person off-site		If off-site person, name, address, and phone number of person filing complaint:		
Description of control measures or emergency procedures followed after complaint:				
Additional comments:				
Description of Incidents (check here if section is not applicable <input type="checkbox"/>)				
Description of incident, equipment failure, or other emergency: Incident occurred after the tarp closest to Mr. Banfretti's house became unglued. Mr. Banfretti was outside and felt his			Date and time: 10/17/13 at 1:20 pm	

SAMPLE

eyes burning. He call Ron Klicman, who then called 911.	
Description of emergency procedures followed: Tarp was glued together within 20 minutes of coming unglued. 911 was called and Mr. Banfretti was taken to the hospital.	
Was the incident reported to the state agency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments:	
Communication Between Applicator, Owner, and Other On-site Handlers (check if no changes from the FMP <input type="checkbox"/>)	
Was the certified applicator at the application block during all handler activities that took place after the application was completed until the entry restricted period expired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date contacted: Initial call on 10/13/13, follow-up call on 10/17/13.
If no, list the names and phone numbers of persons contacted: Ron Klicman (800)654-3298	
Comments/notes (any deviation from FMP regarding how the information was shared):	
Posting Signs – Fumigant Treated Area and Buffer Zone	
Date(s) of Fumigant Treated Area sign posting: 10/17/13 (prior to application)	Date(s) of Fumigant Treated Area sign removal: 10/23/13
Date(s) of Buffer Zone sign posting: 10/17/13 (prior to application)	Date(s) of Buffer Zone sign removal: 10/20/2013
Description of deviations from FMP (if applicable): Perforation took place a little longer than the 5 days after the application was completed since this was a broadcast application and tarps must be perforated before noon.	
Handler Information for Changes Since the FMP	
Have there been any changes to the handler information since the FMP was completed (including handlers that were on-site that were not listed in FMP)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the updated handler information must be attached to the post application summary (use EPA's Microsoft Word or PDF version of the handler information template)	
Other Deviations from the FMP	
Additional comments/notes:	

I have verified that this post application summary reflects the actual site conditions that occurred during the fumigation and is an accurate description of deviations from the FMP (if applicable).



Signature of certified applicator that supervised the application

10/30/2013

Date

Air Monitoring Results
(use to record information about sensory irritation and monitoring with direct read detection devices)

SAMPLE

Date/Time (select the applicable scenario)	Handler Name	Handler Task/Activity	Handler Location (where irritation is observed or where sample is taken)	Air Concentration Measurements (for sample results)	Resulting Action/Comments
<input checked="" type="checkbox"/> sensory irritation: 10/17/13 at 1:30 PM <input type="checkbox"/> sample with direct read detection device:	Chad Somerset	Tractor co-pilot	SE corner	0.1 pm	<input type="checkbox"/> Cease operations <input checked="" type="checkbox"/> Respiratory protection <input checked="" type="checkbox"/> Implement emergency response plan Comments/Other: Experienced eye irritation when fastening tarp back in place that had come unglued
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 1:55 pm	Chad Somerset	Tractor co-pilot	SE corner	0.1 pm	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Wait 15 minutes and take another sample
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 2:10 pm	Chad Somerset	Tractor co-pilot	SE corner	0.1 ppm	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Remove respiratory protection
<input checked="" type="checkbox"/> sensory irritation: 10/17/13 at 1:30 PM <input type="checkbox"/> sample with direct read detection device:	Jonathan Murphy	Tractor driver	SE corner	0.1 ppm	<input type="checkbox"/> Cease operations <input checked="" type="checkbox"/> Respiratory protection <input checked="" type="checkbox"/> Implement emergency response plan Comments/Other: Experienced eye irritation when fastening tarp back in place that had come unglued
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 1:55 pm	Jonathan Murphy	Tractor driver	SE corner	0.1 ppm	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Wait 15 minutes and take another sample
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 2:10 pm	Jonathan Murphy	Tractor driver	SE corner	0.1 ppm	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Remove

SAMPLE

	Paul Schultz	Shoveler	SE corner	respiratory protection <input type="checkbox"/> Cease operations <input checked="" type="checkbox"/> Respiratory protection <input checked="" type="checkbox"/> Implement emergency response plan Comments/Other: Experienced eye irritation when fastening tarp back in place that had come unglued
<input checked="" type="checkbox"/> sensory irritation: 10/17/13 at 1:30 PM <input type="checkbox"/> sample with direct read detection device:	Paul Schultz	Shoveler	SE corner	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Wait 15 minutes and take another sample
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 1:55 pm	Paul Schultz	Shoveler	SE corner	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Wait 15 minutes and take another sample
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 2:10 pm	Paul Schultz	Shoveler	SE corner	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Remove respiratory protection
<input checked="" type="checkbox"/> sensory irritation: 10/17/13 at 1:30 PM <input type="checkbox"/> sample with direct read detection device:	Kevin Beltran	Shoveler	SE corner	<input type="checkbox"/> Cease operations <input checked="" type="checkbox"/> Respiratory protection <input checked="" type="checkbox"/> Implement emergency response plan Comments/Other: Experienced eye irritation when fastening tarp back in place that had come unglued
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 1:55 pm	Kevin Beltran	Shoveler	SE corner	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Wait 15 minutes and take another sample
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: 10/17/13 at 2:10 pm	Kevin Beltran	Shoveler	SE corner	<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: Remove respiratory protection
Additional Comments: All handlers in the application block put on respirators and helped to fix the unglued tarp. The handlers listed in this chart were the only handlers in the application block at the time. 911 was also called, since a bystander also experienced sensory irritation. All the measurements were taken after the tarp was re-glued.				