

SAMPLE

PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (CHLOROPICRIN/1,3-DICHLOROPROPENE 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. Enclosed Cabs
- XI. Tarp Plan
- XII. Soil Conditions
- XIII. Posting Signs – Fumigant Treated Area and Buffer Zone
- XIV. Emergency Preparedness and Response Measures
- XV. State and/or Tribal Lead Agency Advance Notification
- XVI. Air Monitoring Plan
- XVII. 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:

PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (CHLOROPICRIN/1,3-DICHLOROPROPENE PRODUCTS)
 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: Peter Seymour	Phone number: 229-596-8724	License and/or certificate number: 25639718	<input checked="" type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: Fumigant Applicators	Employer address: 2539 Kalorama Road Tifton, GA 39714		
Date and location of completing EPA approved certified applicator training program: Completed the registrant training online at work on 1/10/13.			
II. General Site Information			
Application block location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: Tift County			
<input checked="" type="checkbox"/> 1,3-Dichloropropene has not been used on this application block in the previous two years.			
<input checked="" type="checkbox"/> There are no occupied structures within 100 feet of the application block during the seven consecutive days after the application.			
<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, wells, karst topography, nearby application blocks, surrounding structures (occupied and non-occupied), locations of Buffer Zone signs, and locations of difficult to evacuate sites within ¼ 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).			
Comments:			
III. Application Block Owner Information			
Name: Harold Jackson	Address: 1365 Vernon Tifton, GA 39713		Phone number: 229-222-6587
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: 2/22/13-2/27/13	EPA Registration Number: 62719-348	Fumigant Product Name: InLine	
VI. Buffer Zones			
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"/> Untarped broadcast <input type="checkbox"/> Deep untarp broadcast <input checked="" type="checkbox"/> Tarp drip <input type="checkbox"/> Hand held probes (tree hole) <input type="checkbox"/> Multiple crop under a previously perforated tarp	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): 47 gallons of product/broadcast equivalent	Injection Depth (inches): Drip tape is at the surface	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): 25
Credits applied and measurements taken (if applicable):			
<input checked="" type="checkbox"/> Tarp (Brand name and tarp manufacturer: Berry Plastics Metalized , Lot number: 256A , Batch number: 125 , Part number 6AV2 , Thickness: 1.25 mil , Color: black/silver): 20%			
<input type="checkbox"/> Symmetry™ application system: %			
<input checked="" type="checkbox"/> Potassium thiosulfate: 15%			
<input type="checkbox"/> Water seal: %			
<input type="checkbox"/> Organic matter content: (measurement), %			
<input type="checkbox"/> Clay content: (measurement), %			
<input type="checkbox"/> Soil temperature: (measurement), %			
Total credits: 35%			
Buffer zone distance: 110 feet			
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):

Check here if diagram or drawing is attached or if evacuation routes are included in the site map.

Locations of telephones: **The certified applicator will carry a cell phone at all times. When the certified applicator is not at the site, he will instruct others to have a cell phone available. Other phones are located at the main office.**

Contact information for first responders: **Fire Department 5821 Old Mill Road, Tifton, GA 39714, call 911**

Local/state/federal contacts: **Daniel Stoops, 229-865-6912**

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 who is listed above.**

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

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? Yes 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 2/20/13 Peter Seymour called Jack Bloomfield (258-872-0701) to give Jack the label and a copy of the FMP for this application. Peter also told Jack that he would be in contact after the application is complete to instruct him as to when the drip monitoring should commence, when the entry restricted period ends as well as the appropriate PPE requirements.**

IX. Handler Information (use EPA's Microsoft Word or PDF version of the handler information template)

Information for all handlers is attached to the FMP

Handlers have the proper respirators and cartridges/canisters

Appropriate respirators and cartridges/canisters are available for each handler that will wear one

Comments/notes:

X. Enclosed Cabs (check here if section is not applicable)

Check boxes below once the information has been verified

Positive pressure is 6 mm H₂O Gauge

Minimum air intake flow is 43 m³/hour

Enclosed cab is equipped with activated charcoal filter-media containing no less than 1000 grams of activated charcoal

Ventilation system is maintained according to manufacturer's instructions

Record the hours of application time for the filter:

XI. Tarp Plan (check here if section is not applicable)

Schedule for checking tarps for damage, tears, and other problems: **Handlers monitoring the application will check for tarp damage**

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: mechanical: **ATV** hand:

Target dates for perforating tarps: **3 weeks after the application is complete**

Target dates for removing tarps: **no plans to remove, will plant through the tarps**

Is this a multiple crop application under a previously perforated tarp? Yes or No

XII. 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? Yes or No (check here if not applicable)

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

Description of soil: **soil forms a ball with defined finger marks, very light soil/water staining on fingers, darkened color, will not stick to hands**
Percent water capacity estimate: **65%**

Instrument

Instrument used:
Percent water capacity:

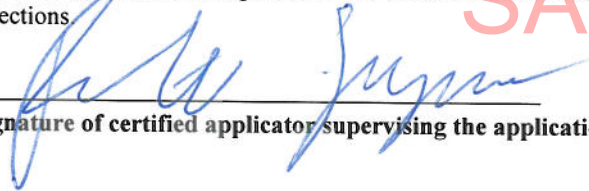
Other

Describe method:
Percent water capacity:

XIII. 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 the Fumigant Treated Area and Buffer Zone signs: Jason Yew; Removing both Fumigant Treated Area and Buffer Zone Signs: Matt Bell		
Location of Buffer Zone signs: Buffer zone signs will be placed on the northeast corner, southeast corner, one in the middle of the of these 2, signs will also be placed where the buffer zone is near to the private roadway as well as at the southwest corner of the buffer zone. See the site map.		
XIV. Emergency Preparedness and Response Measures (check here if section is not applicable <input checked="" type="checkbox"/>)		
If Emergency Preparedness and Response Measures are triggered, check the option below that will be used: <input type="checkbox"/> Fumigant site monitoring or <input type="checkbox"/> Response information for neighbors		
Fumigant site monitoring (if applicable) List when and where it will be conducted:	Response information for neighbors (if applicable) List residences and businesses informed: Name and phone number of person providing the information: List the method of providing the information:	
XV. State and/or Tribal Lead Agency Advance Notification (check here if section is not applicable <input checked="" type="checkbox"/>)		
Date notified: Person notified:		
XVI. 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 be procedures will be followed: <input checked="" type="checkbox"/> Intend to cease operations or <input type="checkbox"/> Intend to continue operations with respiratory protection		
Handler Tasks to be Monitored	Monitoring Equipment	Timing
Since always intend to cease operations if sensory irritation is experienced will monitor where the sensory irritation was experienced	Draeger Pump: P/N 6400000 Draeger Tubes: Chloropicrin 0.1/a P/N 8103421	When sensory irritation is experienced, 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.
XVII. Good Agricultural Practices (GAPs)		
<input type="checkbox"/> 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 <input checked="" type="checkbox"/> Tarps <input checked="" type="checkbox"/> Weather Conditions <input checked="" type="checkbox"/> Soil Preparation <input checked="" type="checkbox"/> Soil Sealing	Bedded and Broadcast Shank Applications <input type="checkbox"/> Tarps <input type="checkbox"/> Soil Preparation <input type="checkbox"/> Soil Temperature <input type="checkbox"/> Soil Moisture <input type="checkbox"/> Application Depth <input type="checkbox"/> Prevention of End Row Spillage <input type="checkbox"/> Calibration, Set-up, Repair, and Maintenance for Application Rigs	
Drip Irrigation Applications <input checked="" type="checkbox"/> Tarps <input checked="" type="checkbox"/> Soil Preparation <input checked="" type="checkbox"/> Soil Temperature <input checked="" type="checkbox"/> Soil Moisture <input checked="" type="checkbox"/> System Controls and Integrity <input checked="" type="checkbox"/> Site of Injection and Irrigation System Layout <input checked="" type="checkbox"/> System Flush <input checked="" type="checkbox"/> Soil Sealing <input type="checkbox"/> Pre-Plant Soil Fumigation in Greenhouses	Tree Replant Application Using Handheld Equipment <input type="checkbox"/> Soil Preparation <input type="checkbox"/> Application Depth <input type="checkbox"/> System Flush <input type="checkbox"/> Soil Sealing	
Description of other product specific GAPs from label that will be followed:		

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

SAMPLE


Signature of certified applicator supervising the application

2/22/2013
Date

SAMPLE

Site Map



- *No wells or karst topography on this site map.
- *The nearest difficult to evacuate site is 1/4 mile northwest from the property line and is not shown on this site map.

500 feet 200 m

- Property line
- Application Block
- Buffer Zone
- Private Road (no sidewalks)
- Evacuation Meeting point
- Evacuation Route
- Buffer Zone Sign

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)
Peter Seymour 429 Mill Road Tifton, GA 39713 229-654-8573	Fumigant Applicators 2539 Kalorama Road Tifton, GA 39714 229-301-7332	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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 type="checkbox"/> Chemical-resistant suit <input type="checkbox"/> Chemical-resistant headgear <input checked="" type="checkbox"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 1/19/13	Make: Survivair Model: Opt-Fit Type: APR Style: Half-Face Size: Medium Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/19/13 Training date: 1/19/13 Medical qualification date: 1/19/13 Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/19/13 Training date: 1/19/13 Medical qualification date: 1/19/13 Make: Model: Type: Style: Size: Cartridge type/canister: 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:				

SAMPLE

Handler (including certified applicator) Information and PPE

Handler Name, Address, and Phone Number Jason Yew 8256 Rochester Road Macon, GA 31210 478-692-2571	Employer Name, Address, and Phone Number Fumigant Applicators 2539 Kalorama Road Tifton, GA 39714 229-301-7332	Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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 checked="" type="checkbox"/> 10 <input type="checkbox"/> 11	PPE (check all that apply) <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Chemical-resistant suit <input type="checkbox"/> Chemical-resistant headgear <input type="checkbox"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input checked="" type="checkbox"/> Other: Coveralls <input type="checkbox"/> No respirator PPE training date: 1/19/13	Respirator Information (leave blank if "no respirator" is checked under PPE) Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/19/13 Training date: 1/19/13 Medical qualification date: 1/19/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
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Comments/notes:				

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)
Matt Bell 145 Pembroke Macon, GA 31210 478-369-5826	Fumigant Applicators 2539 Kalorama Road Tifton, GA 39714 229-301-7332	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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 checked="" 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 checked="" type="checkbox"/> Chemical-resistant footwear and socks <input type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Chemical-resistant suit <input type="checkbox"/> Chemical-resistant headgear <input type="checkbox"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input checked="" type="checkbox"/> Other: Coveralls <input type="checkbox"/> No respirator PPE training date: 1/19/13	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/19/13 Training date: 1/19/13 Medical qualification date: 1/19/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge type/canister: 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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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)
Scott Blaze 22 Covington St. Maple, GA 36591 996-478-2552	Fumigant Monitors 22 Newgate Point Andover, GA 38961 258-872-0701	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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 checked="" type="checkbox"/> 11 application monitoring within the application block	<input type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input 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 type="checkbox"/> Chemical-resistant suit <input type="checkbox"/> Chemical-resistant headgear <input type="checkbox"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input checked="" type="checkbox"/> Other: Coveralls <input type="checkbox"/> No respirator PPE training date: 1/19/13	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/19/13 Training date: 1/19/13 Medical qualification date: 1/19/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:
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Charles Argent 7893 Derby Road Maple, GA 36592	Fumigant Monitors 22 Newgate Point Andover, GA 38961 258-872-0701	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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 checked="" type="checkbox"/> 11 application monitoring within the application block	<input type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Chemical-resistant suit <input type="checkbox"/> Chemical-resistant headgear <input type="checkbox"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input checked="" type="checkbox"/> Other: Coveralls <input type="checkbox"/> No respirator PPE training date: 1/19/13	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Large Cartridge/canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/19/13 Training date: 1/19/13 Medical qualification date: 1/19/13 Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge type/canister: Fit test date: Training date: Medical qualification date:
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Comments/notes:				

SAMPLE

**PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY
(CHLOROPICRIN/1,3-DICHLOROPROPENE 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:

**PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY
(CHLOROPICRIN/1,3-DICHLOROPROPENE 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)

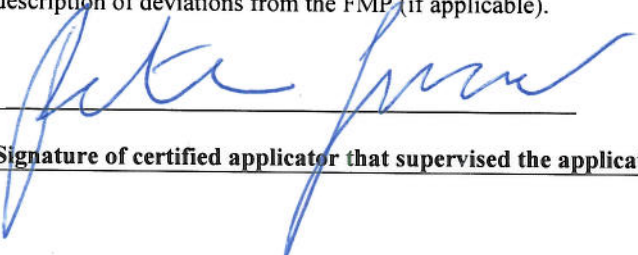
The below text fields will expand as the text is entered. After completing each field, use Tab key to go to next text field or check box.

General Application Information			
Application date and time: 2/22/13, application started at 6 am and ended at 9 am.	Application Rate (e.g., lbs or gallons of product/treated acre or broadcast equivalent rate): 78 gallons of product/treated acre	Application Block Size: 23 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"/> Untarped broadcast <input type="checkbox"/> Deep untarp broadcast <input type="checkbox"/> Tarp drip <input type="checkbox"/> Hand held probes (tree hole) <input type="checkbox"/> Multiple crop under a previously perforated tarp <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: <ul style="list-style-type: none"> Application day forecast: Mostly cloudy with a high around 43F. Forecast for day 1 after the application: Mostly cloudy during the day with a high around the low 50s, becoming cooler at night, around 40. Forecast for day 2 after the application: Partly sunny during the day, high could reach the mid-55s. Wind Speed: Light and variable, around 3-5 mph during the application and the first day following. Day 2 wind speeds between 5-10 mph. Air-Stagnation Advisories: None			
Tarp Damage and Repair (check here if section is not applicable <input checked="" type="checkbox"/>)			
Date of tarp damage discovery:			
Location and size of tarp damage:			
Description of tarp/tarp seal/tarp equipment failure:			
Date and time tarp repair was completed:			
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: 3/17/13		Date and time tarps were removed: Plants were planted through the tarps, tarps remained on the field	
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 checked="" type="checkbox"/>)			
Description of incident, equipment failure, or other emergency:			Date and time:
Description of emergency procedures followed:			
Was the incident reported to the state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional comments:			

SAMPLE

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 2/20/13, follow-up call on 2/22/13.
If no, list the names and phone numbers of persons contacted: Jack Bloomfield (258-872-0701)	
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: 2/21/13	Date(s) of Fumigant Treated Area sign removal: 2/27/13
Date(s) of Buffer Zone sign posting: 2/21/13	Date(s) of Buffer Zone sign removal: 2/25/13
Description of deviations from FMP (if applicable):	
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).



3/5/13
Date

Signature of certified applicator that supervised the application

Drip Application Monitoring Results

Inspection Date/Time	Name(s) of Person(s) Monitoring	Equipment Properly Functioning (Yes or No)	Comments/Description of Corrective Action Taken (if needed)
2/22/13 at 8 am	Scott Blaze and Charles Argent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All was working properly.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	