PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (DAZOMET 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 no
applicable do not need to be included in the final Post Application Summary).
Handler Information (for changes since the FMP)
☐ Air Monitoring Results
Other:

PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (DAZOMET 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:	Application Rate (e.g., lbs of product/treated acre):	Application Block Size (acres):		
A 1: /: /1 1	EDA D. ' N I	E ' (D 1 (N		
Application method: Mechanically incorporated Water Incorporated (Surface) Greenhouse	EPA Registration Number:	Fumigant Product Name:		
Mechanically incorporated – golf course fairways	☐ No change from the FMP	☐ No change from the FMP		
Weather Conditions				
Summary of the National Weather Service weat application and the 48-hours after the application		and air stagnation advisories, if applicable) during the e attached to the post-application summary):		
Check here if printed copy is attached to the National Weather Service weather forecast:	e post-application summary or comp	lete the following:		
Wind Speed:				
Air-Stagnation Advisories:				
Town Domogo and Donoin (shock how if as	otion is not applicable \Box			
Tarp Damage and Repair (check here if see Date of tarp damage discovery:	ction is not applicable [_])			
Date of tarp damage discovery.				
Location and size of tarp damage:				
Description of tarp/tarp seal/tarp equipment fair	ilure:			
Date and time tarp repair was completed:				
Additional comments or other deviations from	FMP (if applicable):			

Tarp Perforation/Removal (check here if section is no	ot applicable)	
Date and time tarps were perforated:		Date and time tarps were remo	oved:
Were tarps perforated and/or removed early? Yes	No		
If yes, described the conditions that led to the early tarp pe	erforation and/o	r removal:	
Complaints (check here if section is not applicable [)			
Person filing complaint: On-site handler Person off-site If off-site	e person, name,	, address, and phone number of p	person filing complaint:
Description of control measures or emergency procedures	followed after	complaint:	
Additional comments:			
Description of Incidents (check here if section is not ap			
Description of incident, equipment failure, or other emerge	ency:		Date and time:
Description of emergency procedures followed:			
Was the incident reported to the state agency? \[\sum \text{Yes} \] No			
Additional comments:			

Communication Between Applicator, Owner, and Other On-site Handlers (check if no changes from the FMP)				
Was the certified applicator at the application block during all handler the application was completed until the entry restricted period expired				
If no, list the names and phone numbers of persons contacted:				
Comments/notes (any deviation from FMP regarding how the information)	tion was shared):			
Posting Signs – Fumigant Treated Area and Buffer Zone				
Date(s) of Fumigant Treated Area sign posting:	Date(s) of Fumigant Treated Area sign removal:			
Date(s) of Buffer Zone sign posting:	Date(s) of Buffer Zone sign removal:			
Description of deviations from FMP (if applicable):				
Description of deviations from PWF (if applicable).				
Handler Information for Changes Since the FMP				
Have there been any changes to the handler information since the FMF listed in FMP)? Yes No If yes, the updated handler information discretely with the property 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	Date			

Handler Information

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)	
		□1 □2 □3 □4 □5 □6 □7 □8 □9 □10 □11	□ Long-sleeved shirt/long-pants, shoes, socks □ Chemical-resistant apron □ Chemical-resistant footwear and socks □ Protective eyewear (NOT goggles) □ Chemical-resistant gloves □ Air-purifying respirator □ Other: □ No respirator PPE training date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date: Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date: Medical date: Training date: Medical date: Medical date: Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date:	
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. Medical date: 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:					

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

Date/Time (select the applicable scenario)	Handler Name	Handler Task/Activity	Handler Location (where irritation is observed or where sample is	Air Concentration Measurements (for sample	Resulting Action/Comments
			taken)	results)	
sensory irritation: sample with direct read detection device:					☐ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:
sensory irritation:					Cease operations
sample with direct read detection device:					Respiratory protection Implement emergency response plan Comments/Other:
sensory irritation:					Cease operations
sample with direct read detection device:					Respiratory protection Implement emergency response plan Comments/Other:
sensory irritation:					Cease operations
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sensory irritation:					Cease operations
sample with direct read detection device:					Respiratory protection Implement emergency response plan Comments/Other:
sensory irritation:					Cease operations
sample with direct read detection device:					Respiratory protection Implement emergency response plan Comments/Other:
Additional Comments:					