PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN
(DAZOMET 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:
## I. Certified Applicator Supervising the Application

<table>
<thead>
<tr>
<th>Name: Carlos Gomez</th>
<th>Phone number: (800) 986-4521</th>
<th>License and/or certificate number: 23GH4</th>
<th></th>
<th>Commercial applicator</th>
<th></th>
<th>Private applicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer name: Florida Fumigation Co.</td>
<td>Employer address: 1562 Burke Ave., Troy, FL 29892</td>
<td>Date and location of completing EPA approved certified applicator training program: 8/4/10 online</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## II. General Site Information

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 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: Difficult to evacuate site identified on Map 2. State licensed day care center within 660 feet of the application block. Contacted manager of the Tiny Tots Day Care (610-867-5309) on 10/28/10 and verified children would not be at center on Saturday, 11/6/10, the day of application.

## III. Application Block Owner Information

| Name: Chip Smith | Address: Smith Golf Course 3249 Fairway Lane Miami, FL 33193 | Phone number: (800) 852-4521 |

## IV. Recordkeeping

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: November 6, 2010 | EPA Registration Number: 5481-9027 | Fumigant Product Name: Basamid G |

## VI. Buffer Zones

- **Application method:**
  - Mechanically incorporated
  - Water Incorporated (Surface)
  - Greenhouse
  - Mechanically incorporated – golf course fairways

- **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):**
  - 525 lbs Basamid/A

- **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):**
  - 1 A

- **Credits applied and measurements taken (if applicable):**
  - Organic matter content: (measurement), %
  - Clay content: (measurement), %
  - Soil temperature: (measurement), %

- **Total credits:** 0%

- **Buffer zone distance:** 25 ft

Are there areas in the buffer zone that are not under the control of the owner of the application block?  | Yes | 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):** Everyone should move upwind to the closest intersection

- **Contact information for first responders:** 911

Locations of telephones: **Cell phone to be kept with certified applicator.**

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: All handlers must report any problems to the certified
applicator supervising the application, who will decide if additional action must be taken.

### 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.

### 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
- At minimum 1 handler has the proper respirators and cartridges/canisters
- 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)

**Schedule for checking tarp for damage, tears, and other problems:**

**Minimum size of damage that will be repaired:**

**Factors used to determine when tarp repair will be conducted:**

**Equipment/methods used to perforate tarp:**
- [ ] Mechanical
- [ ] Hand

**Target dates for perforating tarp:**

**Target dates for removing tarps:**

### XI. Soil Conditions

**Soil Texture:** Clay loam

**Soil Temperature:** Has the air temperature been above 103°F in any of the 3 days prior to application?  
- [ ] Yes
- [ ] 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
- [ ] Instrument
- [ ] Other

**Description of soil:** Fine

**Percent water capacity estimate:** 50-75%

### XII. Posting Signs – Fumigant Treated Area and Buffer Zone

**Name(s) of person(s) posting and removing Fumigant Treated Area and Buffer Zone signs:** Carlos Gomez

**Location of Buffer Zone signs:** See attached map for locations of signs.

### XIII. Emergency Preparedness and Response Measures  
(check here if section is not applicable)

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

- [ ] Fumigant site monitoring
- [ ] 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:**

### 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 600 ppb (0.6 ppm) for dazomet, handlers must stop work and leave the application block.

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

- [ ] Intend to cease operations
- [X] Intend to continue operations with respiratory protection

**Handler Tasks to be Monitored**

**Monitoring Equipment**

**Timing**

**Tractor Driver**

**Drager MITC Detection Tubes**

**every 2 hours**

### 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.

- [ ] Weather Conditions
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.

_____________________________________________  ________________________________
Signature of certified applicator supervising the application  Date
## Handler Information

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlos Gomez</td>
<td>Florida Fumigation Co.</td>
<td>☒ 1 2 3 4 5 6 7 8 9 10 11</td>
<td>☒ Long-sleeved shirt/long-pants, shoes, socks</td>
<td>Make: Survivair</td>
</tr>
<tr>
<td>456 Gator Street</td>
<td>1532 Burke Ave.</td>
<td></td>
<td>☒ Chemical-resistant apron</td>
<td>Model: Opt-Fit</td>
</tr>
<tr>
<td>Miami, FL 33193</td>
<td>Troy, FL 29892</td>
<td></td>
<td>☒ Chemical-resistant footwear and socks</td>
<td>Type: APR</td>
</tr>
<tr>
<td>(123)456-7890</td>
<td>(800)986-4521</td>
<td></td>
<td>☒ Protective eyewear (NOT goggles)</td>
<td>Style: full-face</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☒ Chemical-resistant gloves</td>
<td>Size: small</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☒ Air-purifying respirator</td>
<td>Cartridge type: Survivair Acid Gas/Organic Vapor Cartridges</td>
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<td></td>
<td></td>
<td></td>
<td>☐ Other:</td>
<td>Fit test date: March 3, 2010</td>
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<td></td>
<td></td>
<td></td>
<td>☐ No respirator</td>
<td>Training date: March 3, 2010</td>
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<td></td>
<td>Medical date: March 3, 2010</td>
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<td></td>
<td>PPE training date: 6/1/10</td>
<td>Make:</td>
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<td>Training date:</td>
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<td></td>
<td>Medical date:</td>
</tr>
</tbody>
</table>

☒ The above handler has received Fumigant Safe Handling information within the past 12 months.

*1. Loaders, drivers, tractor co-pilots, shovelfers, 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:
<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger Dell 789 Sunny Ave. Miami, FL 33193 (987)654-3210</td>
<td>Florida Fumigation Co. 1532 Burke Ave. Troy, FL 29892 (800)986-4521</td>
<td>☑️ 1 ☑️ 2 ☑️ 3 ☑️ 4 ☑️ 5 ☑️ 6 ☑️ 7 ☑️ 8 ☑️ 9 ☑️ 10 ☑️ 11</td>
<td>☑️ 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</td>
<td>Make: Survivair Model: Opt-Fit Type: APR Style: full-face Size: small Cartridge type: Survivair Acid Gas/Organic Vapor Cartridges Fit test date: March 3, 2010 Training date: March 3, 2010 Medical date: March 3, 2010</td>
</tr>
</tbody>
</table>

- ☑️ 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
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Comments/notes:

Page ___ of ___
Buffer Zone = 25 ft

Application Block = 50 ft x 300 ft

Evacuation Meeting Point

Buffer Zone Sign
660 feet distance from the application block

State Licensed Day Care Center
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 not applicable do not need to be included in the final Post Application Summary).

☐ Handler Information (for changes since the FMP)
☒ Air Monitoring Results
☐ Other:
### General Application Information

<table>
<thead>
<tr>
<th>Application date and time:</th>
<th>Application Rate (e.g., lbs of product/treated acre):</th>
<th>Application Block Size (acres):</th>
</tr>
</thead>
</table>

- **Application method:**
  - [ ] Mechanically incorporated
  - [ ] Water Incorporated (Surface)
  - [ ] Greenhouse
  - [x] Mechanically incorporated – golf course fairways
- **EPA Registration Number:**
  - No change from the FMP
- **Fumigant Product Name:**
  - No change from the FMP
- **Injection Depth (inches):**
  - 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):

- [ ] Check here if printed copy is attached to the post-application summary or complete the following:
  - National Weather Service weather forecast:
    - **Wind Speed:**
    - **Air-Stagnation Advisories:**

### Tarp Damage and Repair

(check here if section is not applicable [x])

- **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 [x])

- **Date and time tarps were perforated:**
- **Date and time tarps were removed:**
- **Were tarps perforated and/or removed early?**
  - [ ] Yes
  - [x] No
- **If yes, described the conditions that led to the early tarp perforation and/or removal:**

### Complaints

(check here if section is not applicable [x])

- **Person filing complaint:**
  - [x] On-site handler
  - [ ] 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 [x])

- **Description of incident, equipment failure, or other emergency:**
- **Date and time:**
- **Description of emergency procedures followed:**
- **Was the incident reported to the state agency?**
  - [ ] Yes
  - [x] No
- **Additional comments:**

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

(check if no changes from the FMP [x])

- **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?**
  - [ ] Yes
  - [x] No
  - **Date contacted:**
- **If no, list the names and phone numbers of persons contacted:**
- **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:**
- **Date(s) of Fumigant Treated Area sign removal:**
<table>
<thead>
<tr>
<th>Date(s) of Buffer Zone sign posting:</th>
<th>Date(s) of Buffer Zone sign removal:</th>
</tr>
</thead>
</table>

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)?  ☒ Yes ☐ 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          Date

_____________________________________________
Signature of certified applicator that supervised the application
## Handler Information

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✅ 1</td>
<td>Long-sleeved shirt/long-pants, shoes, socks</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ 2</td>
<td>Chemical-resistant apron</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ 3</td>
<td>Chemical-resistant footwear and socks</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
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<td>✅ 4</td>
<td>Protective eyewear (NOT goggles)</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ 5</td>
<td>Chemical-resistant gloves</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ 6</td>
<td>Air-purifying respirator</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
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<td>✅ 7</td>
<td>Other:</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ 8</td>
<td>No respirator</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ 9</td>
<td>PPE training date:</td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ 10</td>
<td></td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
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<td>✅ 11</td>
<td></td>
<td>Make: Make: Model: Model: Type: Type: Style: Style: Size: Size: Cartridge type: Cartridge type: Fit test date: Fit test date: Medical date: Medical date:</td>
</tr>
</tbody>
</table>

The above handler has received Fumigant Safe Handling information within the past 12 months.

*1. Loaders, drivers, tractor co-pilots, shoveler, 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.

<table>
<thead>
<tr>
<th>Comments/notes:</th>
</tr>
</thead>
</table>

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
## Air Monitoring Results

(Use to record information about sensory irritation and monitoring with direct read detection devices)

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