

**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:

PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (DAZOMET 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: Carlos Gomez	Phone number: (800) 986-4521	License and/or certificate number: 23GH4
		<input checked="" type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: Florida Fumigation Co.	Employer address: 1562 Burke Ave., Troy, FL 29892	
Date and location of completing EPA approved certified applicator training program: 8/4/10 online		
II. General Site Information		
Application block location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: Fumigation the fairway of Hole 12.		
<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 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		
<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: November 6, 2010	EPA Registration Number: 5481-9027	Fumigant Product Name: Basamid G
VI. Buffer Zones		
Application method: <input type="checkbox"/> Mechanically incorporated <input type="checkbox"/> Water Incorporated (Surface) <input type="checkbox"/> Greenhouse <input checked="" type="checkbox"/> 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): <input type="checkbox"/> Organic matter content: (measurement), % <input type="checkbox"/> Clay content: (measurement), % <input type="checkbox"/> 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? <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): Everyone should move upwind to the closest intersection		
<input checked="" type="checkbox"/> Check here if diagram or drawing is attached or if the evacuation routes are included in the site map		
Locations of telephones: Cell phone to be kept with certified applicator.		
Contact information for first responders: 911	Local/state/federal contacts: FDACS (850-617-7900)	
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		
<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 checked="" type="checkbox"/> Yes <input 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.		
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 1 handler has 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 checked="" type="checkbox"/>)		
Schedule for checking tarps 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 tarps: <input type="checkbox"/> mechanical: <input type="checkbox"/> hand:		
Target dates for perforating tarps:		
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? <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: Fine	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: 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 <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)	Response information for neighbors (if applicable)	
List when and where it will be conducted:	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 <input checked="" type="checkbox"/>)		
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:		
<input type="checkbox"/> Intend to cease operations or <input checked="" type="checkbox"/> 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)		
<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.		
<input checked="" type="checkbox"/> Weather Conditions		

- Application Restrictions
- Water Requirements

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

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)
Carlos Gomez 456 Gator Street Miami, FL 33193 (123)456-7890	Florida Fumigation Co. 1532 Burke Ave. Troy, FL 29892 (800)986-4521	<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"/> Other: <input type="checkbox"/> No respirator PPE training date: 6/1/10	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

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:

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)		
Roger Dell 789 Sunny Ave. Miami, FL 33193 (987)654-3210	Florida Fumigation Co. 1532 Burke Ave. Troy, FL 29892 (800)986-4521	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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"/> Other: <input type="checkbox"/> No respirator PPE training date: 6/1/10	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 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:		
<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling information within the past 12 months.						
<table border="0"> <tr> <td data-bbox="102 1143 1081 1370"> *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. </td> <td data-bbox="1081 1143 2011 1370"> 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 </td> </tr> </table>					*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
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Comments/notes:						

Map 1



Buffer Zone = 25 ft

Buffer Zone Sign

Application Block = 50 ft x 300 ft

Evacuation Meeting Point

50 feet 20 m

Map 2



Golf Course

660 feet distance from the application block

Application block

State Licensed Day Care Center

Kimberly Blvd

Kimberly

Southampton Pl

Southampton Pl

Kimberly Blvd

Hampton Dr

Wyoming Ct

La Fontana Blvd

Triton Ct

Villa Medici Pl

Latona Pl

Tivoli Pl

Tivoli Pl

Villa Lanche Pl

Hampton Dr

Neptunes Basin Ct

250 feet 100 m

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**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:

**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):
Application method: <input type="checkbox"/> Mechanically incorporated <input type="checkbox"/> Water Incorporated (Surface) <input type="checkbox"/> Greenhouse <input checked="" type="checkbox"/> Mechanically incorporated – golf course fairways	EPA Registration Number: -	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:			
Wind Speed:	Air-Stagnation Advisories:		
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 checked="" type="checkbox"/>)			
Date and time tarps were perforated:		Date and time tarps were removed:	
Were tarps perforated and/or removed early? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, described the conditions that led to the early tarp perforation and/or removal:			
Complaints (check here if section is not applicable <input type="checkbox"/>)			
Person filing complaint: <input checked="" 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:			Date and time:
Description of emergency procedures followed:			
Was the incident reported to the state agency? <input type="checkbox"/> Yes <input checked="" 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:
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:	

Date(s) of Buffer Zone sign posting:	Date(s) of Buffer Zone sign removal:
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 checked="" type="checkbox"/> Yes <input 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 **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)		
		<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"/> Other: <input type="checkbox"/> No respirator PPE training date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:		
<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling information within the past 12 months.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> *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. </td> <td style="width: 50%; border: none; vertical-align: top;"> 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 </td> </tr> </table>					*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
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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 taken)	Air Concentration Measurements (for sample results)	Resulting Action/Comments
<input checked="" type="checkbox"/> sensory irritation: <input type="checkbox"/> sample with direct read detection device:					<input type="checkbox"/> Cease operations <input checked="" type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device:					<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device:					<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> sensory irritation: <input type="checkbox"/> sample with direct read detection device:					<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> sensory irritation: <input type="checkbox"/> sample with direct read detection device:					<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
Additional Comments:					