

SAMPLE
2010 SOIL FUMIGANT MANAGEMENT PLAN
(METHYL BROMIDE/CHLOROPICRIN PRODUCTS)

FMP Elements:

- I. Certified Applicator Supervising the Fumigation
- II. General Site Information
- III. Owner/Operator of Application Block
- IV. Recordkeeping
- V. General Application Information
- VI. Emergency Response Plan
- VII. Communication Between Applicator, Owner/Operator and Other On-site Handlers
- VIII. Handler Information
- IX. Tarps
- X. Soil Conditions
- XI. Weather Conditions
- XII. Posting Signs – Fumigant Treated Area
- XIII. Air Monitoring Plan
- XIV. Good Agricultural Practices (GAPs)

2010 SOIL FUMIGANT MANAGEMENT PLAN (METHYL BROMIDE/CHLOROPICRIN 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 Fumigation			
Name: Joseph B. Smith	Phone number: (800)555-1212	License and/or certificate number: 3267-89B	<input checked="" type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: Smith Applicators	Employer address: 1562 Burke Ave, Troy, FL 29892		
II. General Site Information			
Application block/field location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: 320 Oakview Lane Tampa, FL 33601			
III. Owner/operator of Application Block			
Name: Richard Thomas	Address: Strawberry Shortcake Farms 3249 Strawberry Grove Lane, Silver Hill, FL 29892		Phone number: (800)555-3232
IV. Recordkeeping			
<input checked="" type="checkbox"/> The owner/operator 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: 06/15/10 - 7/1/10	EPA Registration Number: 11220-7	Fumigant Product Name: Tri-Con 67/33	
Application method: <input checked="" type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Deep untarp broadcast (CA only) <input type="checkbox"/> Hot gas – outdoor <input type="checkbox"/> Hot gas – greenhouse <input type="checkbox"/> Hand held probes (tree hole)	Application Rate (lbs or gallons of product/treated acre): 150 lbs product/treated acre	Injection Depth (inches): 10 inches	Application Block Size (acres): 10 acres
VI. Emergency Response Plan			
Description of evacuation routes (a diagram or drawing may be attached to the FMP): Evacuate up-wind to either the corner of Oak View Lane & Shady Grove Lane or intersection of State Routes 5 & 8. <input type="checkbox"/> Check here if diagram or drawing is attached			
Locations of telephones: The certified applicator that is on site will have a cell phone. There is also a phone located in the office at 3249 Strawberry Grove Lane Silver Hill, FL 29892.			
Contact information for first responders: Silver Hill Fire Dept, 222 Main St Silver Hill, FL 29892 (800)555-8877	Local/state/federal contacts: FDACS 3125 Conner Blvd, Tallahassee, FL 32302 (850)487-0532		Other contact information for emergencies: 911
Emergency procedures/responsibilities in case of an incident, equipment/tarp/seal failure, complaints or elevated air concentration levels suggesting potential problems, or other emergencies: Call 911 if anyone is experiencing symptoms of exposure, conditions that pose risks to people (i.e., inversion conditions, chemical spills, etc.). For all other emergencies (e.g. tarp failure) call the certified applicator listed above.			
VII. Communication Between Applicator, Owner/Operator, and Other On-site Handlers			
<input checked="" type="checkbox"/> Pesticide product labels and material safety data sheets are at the application site and available for employees to review.			
Will the certified applicator be at the application site during all handler activities that take place after the application is complete until the entry restricted period expires? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If no, describe how the certified applicator will share the label requirements with owner/operator and/or handlers who will be present at the application site after the application is complete until the entry restricted period expires. Certified applicator will verbally tell the owner/operator as well as the tarp cutting contractor (Andrew McCarthy 800-555-2367) date of the application completion, timing of when tarps can be cut and how soon planting can begin after tarps have been cut (48 hrs for this application). The tarp cutting contractor will inform the owner/operator when the tarp cutting is complete. A copy of this FMP will be provided to the tarp cutting contractor.			
VIII. Handler Information (use EPA's Microsoft Word or Acrobat Adobe version of the handler information template)			
<input checked="" type="checkbox"/> Information for all handlers is attached to the FMP			
Comments/notes:			
IX. Tarps (check here if section is not applicable <input type="checkbox"/>)			
Brand name and tarp manufacturer: Bromostop	Lot Number: 313 Batch Number: 2406A Part Number: 9227	Thickness: 1.25 mil	
Schedule for checking tarps for damage, tears, and other problems: Tarps will be checked twice a day until tarps are cut			
Maximum time following notification of damage that the person(s) responsible for tarp repair will respond: 8 hrs			

Minimum time following damage that tarp will be repaired: immediately	Minimum size of damage that will be repaired: 1 foot	
Other factors used to determine when tarp repair will be conducted: location and timing of damage, sensory irritation, and weather conditions		
Equipment/methods used to perforate tarps: <input checked="" type="checkbox"/> mechanical: Tractor drawn equipment <input type="checkbox"/> hand:		
Schedule and target dates for perforating tarps: 6/21/10 - 7/6/10 (plan to cut/punch tarps 5 days after application is complete)		
Equipment, schedule and target dates for removing tarps: na - tarps will not be removed until after crop harvested		
X. Soil Conditions		
Soil texture/clay content: Sandy Loam		
Organic Content: <input checked="" type="checkbox"/> < 1% <input type="checkbox"/> ≥1%-2% <input type="checkbox"/> ≥2%-3% <input type="checkbox"/> >3%		
Soil Temperature: Has the air temperature been above 100 °F in any of the 3 days prior to application? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
If yes, record the soil temperature measurement:		
Soil Moisture: (check the box of the method used to determine the soil moisture)		
Date and time soil moisture determined: 6/19/2010 at 10 am		
USDA Feel and Appearance Method <input checked="" type="checkbox"/>	Instrument <input type="checkbox"/>	Other <input type="checkbox"/>
Description of soil: moderately coarse	Instrument used:	Describe method:
Percent soil water moisture estimate 50-75%	Percent soil moisture:	Percent soil moisture:
XI. Weather Conditions		
Summary of the weather on the day of the application (a printed copy may be attached to the FMP):		
<input type="checkbox"/> Check here if printed copy is attached to the FMP or complete the following:		
Wind Speed: ESE at 10 mph Inversion conditions: none Air-Stagnation Advisories: none Other: na		
Summary of the weather forecast during the 48-hour period following the fumigant application (a printed copy may be attached to the FMP):		
<input type="checkbox"/> Check here if printed copy is attached to the FMP or complete following:		
Wind Speed: ESE at 12 mph Inversion conditions: none Air-Stagnation Advisories: none Other: na		
XII. Posting Signs – Fumigant Treated Area		
Name(s) of person(s) posting Fumigant Treated Area signs: Wade Collins		
Treated Area Signs posting date: 6/14/10- 6/30/10 Treated Area Signs removal date: min: 6/23/10 - 7/8/10 (48 hrs after cutting)		
XIII. Air Monitoring Plan		
If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropicrin or greater than or equal to 5 ppm for methyl bromide, handlers must stop work and leave the application block.		
Will the product applied contain at least 20% chloropicrin? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		
If Yes, 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
Monitor location where irritation was experienced	Draeger Pump: P/N 6400000 Draeger Tubes - MeBr 0.2/a, P/N 8103391. Chloropicrin 0.1/a, P/N 8103421	wait 20 mins, take MeBr & Pic samples, wait 15 mins, take another MeBr & Pic. Continue sampling every 15 mins until 2 consecutive sets are below trigger levels
Full Face Respirator Response Plan		
If either (1) a handler experiences any sensory irritation when wearing a full face air-purifying respirator, or (2) a methyl bromide air sample is greater than 5 ppm or a chloropicrin air sample is greater than or equal to 1.5 ppm, then all handler activities must cease and handlers must be removed from the application block and the following emergency plan will be implemented:		
-A handler wearing a SCBA will enter the application site to ensure that application equipment is not leaking any fumigant and to ensure that integrity of the tarps has not been compromised.		
-If any fumigant has spilled, the spill response plan will be initiated.		
-Repairs to application equipment and tarps will be made as needed.		
-SCBA will be worn by all handlers in the application area until air monitoring results indicate that the air concentration is below trigger levels identified on the label.		
-The certified applicator will re-verify that all GAPS and label instructions are being followed (equipment calibration, weather conditions, soil conditions, sealing, application depth/spacing, prevention of end-of row spillage)		
-Handlers who resume the application after MeBr is < 5 ppm and Pic is < 1.5 ppm will use full-face respirators until air monitoring indicates that concentrations below trigger labels identified on the label.		
-Handlers that are experiencing symptoms of exposure will get medical attention as needed.		
-Within 1 hour, air samples will be collected between the application block and any occupied building located		

within 1/8 of mile of the field. If any samples exceed 1 ppm or if sensory irritation is experienced, call 911 and initiate the emergency response plan.

XIV. Good Agricultural Practices (GAPs)

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

General

- Tarps
- Weather Conditions
- Soil Temperature
- Soil Moisture
- Soil Preparation

Bedded and Broadcast Shank Applications

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

Tree Replant Application Using Handheld Equipment

- Soil Preparation
- Application Depth
- System Flush
- Soil sealing

- Hot Gas Applications to Soil, Potting Mixes, and Tobacco Seedling Trays
- Pre-Plant Soil Fumigation in Greenhouses
- Control of *Armillaria mellea* (oak root fungus) for orchard replant applications
- Non-tarp nematode control (only for deep shank orchard replant and hand held tree-hole application in CA)

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

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

Signature of certified applicator supervising the fumigation

6/20/10

Date

List of Attachments: **Handler information**

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)
Joseph B. Smith 6732 E Bexhill Dr Tampa, FL 33601 (800)555-1212	Smith Applicators 1562 Burke Ave Troy, FL 29892 (800)555-1212	<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 type="checkbox"/> 10	<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"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input checked="" type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 04/25/10	Make: 3M Model: 6100 Type: APR Style: Half-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: 3M Model: 6700 Type: APR Style: Full-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: NA Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10
<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, removing, repairing, or monitoring tarps until: -14 days after the application is complete if tarps are not perforated and removed during those 14 days, -Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or -48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application. Comments/notes:				

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Tim Mottl 222 Hannes St Tampa, FL 33651 (800)555-1111	Smith Applicators 1562 Burke Ave Troy, FL 29892 (800)555-1212	<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 type="checkbox"/> 10	<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"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input checked="" type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 04/25/10	Make: 3M Model: 6100 Type: APR Style: Half-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: 3M Model: 6700 Type: APR Style: Full-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: NA Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10
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Comments/notes:				

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Jeff Brennan 333 Old Spring Rd Tampa, FL 33621 (800)555-3333	Smith Applicators 1562 Burke Ave Troy, FL 29892 (800)555-1212	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<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"/> 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: 04/25/10	Make: 3M Model: 6100 Type: APR Style: Half-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: 3M Model: 6700 Type: APR Style: Full-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:
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Comments/notes:				

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Eric McNally 9 Riverside Ct Tampa, FL 33647 (800)555-9999	Smith Applicators 1562 Burke Ave Troy, FL 29892 (800)555-1212	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<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"/> 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: 04/20/10	Make: 3M Model: 6100 Type: APR Style: Half-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: 3M Model: 6700 Type: APR Style: Full-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/1/10 Training date: 05/1/10 Medical date: 05/1/10 Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:
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Comments/notes:				

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Peter Hertz 323 Crystal Drive Tampa, FL 33663 (800)555-0001	Joseph B. Smith 1562 Burke Ave Troy, FL 29892 (GROWER)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Half-mask air-purifying respirator <input type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input checked="" type="checkbox"/> No respirator PPE training date: 04/25/10	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:
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Comments/notes: Will stop work rather than use respirator if sensory irritation occurs. Will implement air monitoring plan described in Section XIII to determine when safe to resume work (i.e., air concentration are below label trigger levels) or will contact Joe Smith (certified applicator supervising application) to determine when safe to resume work.				

Handler Information

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Chuck Ransom 22 Snow Drive Tampa, FL 33672 (800)555-9001	Smith Applicators 1562 Burke Ave Troy, FL 29892 (800)555-1212	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Half-mask air-purifying respirator <input type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input checked="" type="checkbox"/> No respirator PPE training date: 04/25/10	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:
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Comments/notes:				
5. Taking air samples (breathing zone) 6. Handling or disposing of fumigant containers 7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues 8. Installing, repairing, operating, or removing irrigation equipment in the application block 9. Performing scouting, crop advising, or monitoring tasks in the application block 10. Performing other WPS handling tasks				

Handler Information

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George O'Toole 22 Apple Ct Tampa, FL 33601 (800)555-9091	Smith Applicators 1562 Burke Ave Troy, FL 29892 (800)555-1212	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Half-mask air-purifying respirator <input type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input checked="" type="checkbox"/> No respirator PPE training date: 04/25/10	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:
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**2010 SOIL FUMIGANT POST APPLICATION SUMMARY
(METHYL BROMIDE/CHLOROPICRIN 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/Operator, and Other On-site Handlers](#)

[Posting Signs – Fumigant Treated Area](#)

[Other Deviations from the FMP](#)

Attached Tables: (use EPA's Microsoft Word or Acrobat Adobe version of the table templates)

Check boxes if tables are applicable (i.e., there are changes from the FMP, or monitoring information has been recorded. Tables that are not applicable do not need to be included in the final post-application summary).

- [Handler Information \(for changes since the FMP\)](#)
- [Respirator Cartridge Replacement](#)
- [Air Monitoring Results When Sensory Irritation Is Experienced](#)
- [Breathing Zone Air Monitoring with Direct Read Instruments](#)

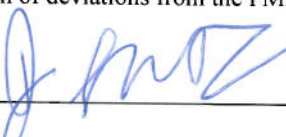
2010 SOIL FUMIGANT POST APPLICATION SUMMARY
FOR (INSERT GENERAL SITE INFORMATION FROM THE FMP): 20 Oakview Lane Tampa, FL 33601
(METHYL BROMIDE/CHLOROPICRIN PRODUCTS)

(Only fill-in information if it is different from the FMP or where the label requires that measurements/information are recorded in 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: 6/20/10 (start: 8am. end:noon)		EPA Registration Number: -	Fumigant Product Name:
Application method: <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Deep untarp broadcast (CA only) <input type="checkbox"/> Hot gas – outdoor <input type="checkbox"/> Hot gas – greenhouse <input type="checkbox"/> Hand held probes (tree hole)		Application Rate (lbs or gallons of product/treated acre): 160 lbs product/treated acre	Injection Depth (inches): Application Block Size (acres):
Weather Conditions			
Summary of the weather on the day of the application (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: Wind Speed: ESE 9 mph Inversion conditions: none Air-Stagnation Advisories: none Other: na			
Summary of the weather during the 48-hour period following the fumigant application (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 following: Wind Speed: ESE 15 mph Inversion conditions: none Air-Stagnation Advisories: none Other: na			
Tarp Damage and Repair (check here if section is not applicable <input type="checkbox"/>)			
Location and size of tarp damage: south east corner of field			
Description of tarp/tarp seal/tarp equipment failure: 2 foot tear			
Date and time of tarp repair: 6/21/10 @ 9am			
Additional comments or other deviations from FMP (if applicable): no complaints received			
Tarp Perforation/Removal (check here if section is not applicable <input type="checkbox"/>)			
Description of tarp removal procedures (if different than in the FMP):			
Date tarps were perforated: 6/25/10, noon		Date tarps were removed:	
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 complaints:	
Description of control measures or emergency procedures followed after complaint: Application equipment and tarps were checked and no problems were noted.			
Additional comments: Shoveler reported nausea and burning eyes during application.			
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 (include contact information for person(s) affected):			
Communication Between Applicator, Owner/Operator, and Other On-site Handlers (check if no changes from the FMP <input checked="" type="checkbox"/>)			
Was the certified applicator at the application site during all handler activities that took place after the application was completed until the entry restricted period expired? <input type="checkbox"/> Yes <input 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			
Date(s) of Fumigant Treated Area sign removal: 6/27/10, 2pm		Description of deviations from FMP (if applicable): none	
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 Acrobat Adobe version of the handler information template)			
Other Deviations from the FMP			
Additional comments/notes: George O'Toole did not report for work and Tim Leahy took his place. Tim Leahy's handler info is attached to the post app summary.			

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 fumigation

Date

List of Attachments: **See page 1**

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)
Tim Leahy 22 Glen Allen Lane Tampa, FL 33615 (800)555-9291	Smith Applicators 1562 Burke Ave Troy, FL 29892 (800)555-1212	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Half-mask air-purifying respirator <input type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input checked="" type="checkbox"/> No respirator PPE training date: 04/30/10	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.				
*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, removing, repairing, or monitoring tarps until: -14 days after the application is complete if tarps are not perforated and removed during those 14 days, -Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or -48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application.				
Comments/notes:				

Breathing Zone Air Monitoring with Direct Read Instruments

Sample Date/Time	Handler Name	Handler Task/Activity	Handler Location	Air Concentration	Sampling Method	Comments (e.g., sensory irritation experienced while wearing respirator, description of control measures or emergency procedures followed)
6/20/10 10:25am	Tim Mottl	Shoveler	SE corner of application block	MeBr 1.5 ppm	Draeger pump/tube (see FMP for more info)	Handler reported sensory irritation while shoveling. Since MeBr air concentration was greater than 1 ppm no samples for Pic were collected. The application was stopped and 2 handlers wearing full face respirators entered the field. A hose on the application rig was loose and repaired.
6/20/10 11:05am			SE corner of application	MeBr < 1ppm Pic 0.1 ppm	Draeger pump/tube (see FMP for more info)	sample taken where irritation was reported
6/20/10 11:25am			SE corner of application	MeBr < 1ppm Pic ND	Draeger pump/tube (see FMP for more info)	sample taken where irritation was reported (the application resumed at 11:40 am)
Additional Comments: ND = Non Detect						