

**SAMPLE**  
**2010 SOIL FUMIGANT MANAGEMENT PLAN**  
**(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 (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.

|   |  |  |  |
|---|--|--|--|
| <b>I. Certified Applicator Supervising the Fumigation</b>   |  |  |  |
| Name:<br><b>Jonathan Murphy</b>   | Phone number:<br><b>(800)232-8963</b>  | License and/or certificate number:<br><b>5398-45A</b>    | <input checked="" type="checkbox"/> Commercial applicator<br><input type="checkbox"/> Private applicator |
| Employer name:<br><b>RM Applicators</b>   | Employer address:<br><b>1243 James Way Oakton, WA 57914</b>  |  |  |
| <b>II. General Site Information</b>   |  |  |  |
| Application block/field location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: <b>858 White Haven Road Arbor, WA 58963</b>  |  |  |  |
| <b>III. Owner/operator of Application Block</b>   |  |  |  |
| Name: <b>Ron Klicman</b>  | Address: <b>626 Oxford St. Francis, WA 57432</b>   | Phone number: <b>(800)654-3298</b>                       |  |
| <b>IV. Recordkeeping</b>  |  |  |  |
| <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.   |  |  |  |
| <b>V. General Application Information</b>   |  |  |  |
| Target application date/window:<br><b>9/15/2010-9/23/2010</b>   | EPA Registration Number:<br><b>8853-6</b>  | Fumigant Product Name:<br><b>Pic Plus Fumigant</b>       |  |
| Application method:<br><input type="checkbox"/> Tarp bedded<br><input checked="" type="checkbox"/> Tarp broadcast<br><input type="checkbox"/> Untarp bedded<br><input type="checkbox"/> Untarp broadcast<br><input type="checkbox"/> Deep untarp broadcast<br><input type="checkbox"/> Tarp drip<br><input type="checkbox"/> Untarp buried drip<br><input type="checkbox"/> Hand held probes (tree hole)  | Application Rate (lbs or gallons of product/treated acre):<br><b>100 lbs ai/treated acre</b>   | Injection Depth (inches):<br><b>10</b>                   | Application Block Size (acres):<br><b>20</b>   |
| <b>VI. Emergency Response Plan</b>  |  |  |  |
| Description of evacuation routes (a diagram or drawing may be attached to the FMP): <b>Evacuate upwind and meet at either the north entrance to the farm or at the corner of Quarton and Maple.</b><br><input type="checkbox"/> Check here if diagram or drawing is attached  |  |  |  |
| Locations of telephones: <b>Phones are located in the main office at 900 White Haven Road Arbor, WA 58963. Certified applicator will carry a cell phone at all times.</b>   |  |  |  |
| Contact information for first responders:<br><b>Arbor Fire Department 1255 State Street, Arbor, WA 58295</b>  | Local/state/federal contacts:<br><b>Washington State Department of Agriculture 158 Peabody Drive Olympia, WA 25498 (360)258-1349</b> | Other contact information for emergencies:<br><b>911</b> |  |
| Emergency procedures/responsibilities in case of an incident, equipment/tarp/seal failure, complaints or elevated air concentration levels suggesting potential problems, or other emergencies: <b>Call 911 if anyone experiences symptoms of exposure, conditions that pose risks to people (i.e., inversion conditions, chemical spills, etc.). For other emergencies, (e.g., tarp failure) call the certified applicator listed above.</b>   |  |  |  |
| <b>VII. Communication Between Applicator, Owner/Operator, and Other On-site Handlers</b>  |  |  |  |
| <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. <b>Jonathan Murphy will discuss with Ron Klicman the actual date and time of the application, when tarp cutting and removal can occur and also when the entry restricted period expires. Jonthan will re-iterate that during the entry restricted period workers and bystanders are prohibited from entering the application block.</b> |  |  |  |
| <b>VIII. Handler Information (use EPA's Microsoft Word or Acrobat Adobe version of the handler information template)</b>  |  |  |  |
| <input checked="" type="checkbox"/> Information for all handlers is attached to the FMP   |  |  |  |
| Comments/notes:   |  |  |  |
| <b>IX. Tarps (check here if section is not applicable <input type="checkbox"/>)</b>   |  |  |  |
| Brand name and tarp manufacturer:<br><b>Pliant Blockade</b>   | Lot Number: <b>258</b> Batch Number: <b>357G</b><br>Part Number: <b>9985</b>   | Thickness:<br><b>1 mil</b>                               |  |
| Schedule for checking tarps for damage, tears, and other problems: <b>Once a day until tarps are cut.</b>   |  |  |  |

|  |  |   |
|--|--|---|
| Maximum time following notification of damage that the person(s) responsible for tarp repair will respond: <b>6 hours</b>  |  |   |
| Minimum time following damage that tarp will be repaired:<br><b>immediately</b>  | Minimum size of damage that will be repaired:<br><b>1-2 feet</b>                         |   |
| Other factors used to determine when tarp repair will be conducted: <b>Weather conditions, location and timing of the damage, if the tarps could blow into power lines and/or roads, sensory irritation.</b>   |  |   |
| Equipment/methods used to perforate tarps: <input checked="" type="checkbox"/> mechanical: <b>ATV</b> <input type="checkbox"/> hand:   |  |   |
| Schedule and target dates for perforating tarps: <b>9/20/2010-9/28/2010 (plan to cut tarps 5 days after the application is complete).</b>  |  |   |
| Equipment, schedule and target dates for removing tarps: <b>ATVs, plan to remove tarps a minimum of 2 hours after cutting is complete. If application is complete in the afternoon, then tarp cutting will begin the next morning so cutting can be completed before noon. Target dates 9/20/2010-9/28/2010.</b>   |  |   |
| <b>X. Soil Conditions</b>  |  |   |
| Soil texture/clay content: <b>sandy loam</b>   |  |   |
| 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: <b>9/19/10 at noon</b>   |  |   |
| <b>USDA Feel and Appearance Method</b> <input checked="" type="checkbox"/><br>Description of soil: <b>moderately coarse, ball formed with wet outline on hand, light staining on fingers, forms a weak ribbon between the thumb and forefinger</b><br>Percent soil water moisture estimate: <b>75-100%</b>   | <b>Instrument</b> <input type="checkbox"/><br>Instrument used:<br>Percent soil moisture: | <b>Other</b> <input type="checkbox"/><br>Describe method:<br>Percent soil moisture:   |
| <b>XI. Weather Conditions</b>  |  |   |
| Summary of the weather <b>on the day of the application</b> (a printed copy may be attached to the FMP):<br><input type="checkbox"/> Check here if printed copy is attached to the FMP or complete the following:<br>Wind Speed: <b>5 mph</b> Inversion conditions: <b>none</b> Air-Stagnation Advisories: <b>none</b> Other:  |  |   |
| Summary of the weather forecast <b>during the 48-hour period following the fumigant application</b> (a printed copy may be attached to the FMP):<br><input type="checkbox"/> Check here if printed copy is attached to the FMP or complete following:<br>Wind Speed: <b>5 mph</b> Inversion conditions: <b>none</b> Air-Stagnation Advisories: <b>none</b> Other:  |  |   |
| <b>XII. Posting Signs – Fumigant Treated Area</b>  |  |   |
| Name(s) of person(s) posting Fumigant Treated Area signs: <b>James Simon</b>   |  |   |
| Treated Area Signs posting date: <b>9/14/2010-9/22/2010</b> Treated Area Signs removal date: <b>min 9/20/2010-9/28/2010 (after the entry restricted period ends, 5 days (120) hours after the application is complete.</b>   |  |   |
| <b>XIII. Air Monitoring Plan</b>   |  |   |
| If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropicrin, handlers must stop work and leave the application block.   |  |   |
| If sensory irritation is experienced check which of the following be procedures will be followed:<br><input type="checkbox"/> Intend to cease operations or <input checked="" type="checkbox"/> Intend to continue operations with respiratory protection  |  |   |
| <b>Handler Tasks to be Monitored</b>   | <b>Monitoring Equipment</b>  | <b>Timing</b>   |
| <b>Monitor where irritation is experienced. When wearing full-face respirators monitor tractor drivers, shovelers, tarp perforators and removers.</b>  | <b>Draeger Pump: P/N 6400000<br/>Draeger Tubes: Chloropicrin 0.1/a, P/N 8103421</b>      | <b>When wearing respirators monitor every 2 hours. If must stop work, wait 15 minutes and then take samples. Wait another 15 minutes to take another sample. Continue sampling every 15 minutes until 2 consecutive samples are below trigger levels.</b> |
| <b>Full Face Respirator Response Plan</b>  |  |   |
| If either (1) a handler experiences any sensory irritation when wearing a full face air-purifying respirator, or (2) 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:<br><b>-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.</b><br><b>-If any fumigant has spilled, the spill response plan will be initiated.</b><br><b>-Repairs to application equipment and tarps will be made as needed.</b> |  |   |

-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 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 0.15 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 Preparation
- Soil Sealing

##### Bedded and Broadcast Shank Applications

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

##### Drip Irrigation Applications

- Tarps
- Soil Preparation
- System Controls and Integrity
- Site of Injection and Irrigation System Layout
- System Flush
- Soil Sealing
- Pre-Plant Soil Fumigation in Greenhouses

##### Tree Replant Application Using Handheld Equipment

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

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

9/19/2010  
\_\_\_\_\_  
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<br>(leave blank if "no respirator" is checked under PPE)  |
|---|---|--|--|--|
| <b>Jonathan Murphy</b><br><b>8932 Upstate Road</b><br><b>Dover Creek, WA 59681</b><br><b>(800)232-8963</b>  | <b>RM Applicators</b><br><b>1243 James Way</b><br><b>Oakton, WA 57914</b><br><b>(800)232-8963</b> | <input checked="" type="checkbox"/> 1<br><input checked="" type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input checked="" type="checkbox"/> 5<br><input checked="" type="checkbox"/> 6<br><input checked="" type="checkbox"/> 7<br><input checked="" type="checkbox"/> 8<br><input checked="" type="checkbox"/> 9<br><input type="checkbox"/> 10 | <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks<br><input checked="" type="checkbox"/> Chemical-resistant apron<br><input checked="" type="checkbox"/> Chemical-resistant footwear and socks<br><input checked="" type="checkbox"/> Protective eyewear (NOT goggles)<br><input checked="" type="checkbox"/> Chemical-resistant gloves<br><input checked="" type="checkbox"/> Full-face air-purifying respirator<br><input checked="" type="checkbox"/> Self contained breathing apparatus<br><input type="checkbox"/> Other:<br><input type="checkbox"/> No respirator<br><br>PPE training date: <b>02/15/10</b> | Make: <b>Survivair</b><br>Model: <b>Opt-Fit</b><br>Type: <b>APR</b><br>Style: <b>Full-face</b><br>Size: <b>Small</b><br>Cartridge type: <b>Survivair Acid Gas/Organic Vapor Cartridges</b><br>Fit test date: <b>03/1/10</b><br>Training date: <b>03/1/10</b><br>Medical date: <b>03/1/10</b><br><br>Make: <b>3M</b><br>Model: <b>Air-Mate 2000</b><br>Type: <b>SCBA</b><br>Style: <b>SCBA</b><br>Size: <b>Small</b><br>Cartridge type: <b>NA</b><br>Fit test date: <b>03/01/10</b><br>Training date: <b>03/01/10</b><br>Medical date: <b>03/01/10</b><br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>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<br>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)<br>3. Tasks with liquid contact potential<br>4. Installing, perforating, removing, repairing, or monitoring tarps until:<br>-14 days after the application is complete if tarps are not perforated and removed during those 14 days,<br>-Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or<br>-48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application.<br><br><b>Comments/notes:</b> |   |  |  |  |

### 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)  |
|---|--|--|--|---|
| <b>Chad Somerset</b><br>817 Ontario<br>Naperville, WA 57348<br>(800)694-8267  | <b>RM Applicators</b><br>1243 James Way<br>Oakton, WA 57914<br>(800)232-8963 | <input checked="" type="checkbox"/> 1<br><input checked="" type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input checked="" type="checkbox"/> 5<br><input checked="" type="checkbox"/> 6<br><input checked="" type="checkbox"/> 7<br><input checked="" type="checkbox"/> 8<br><input checked="" type="checkbox"/> 9<br><input type="checkbox"/> 10 | <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks<br><input checked="" type="checkbox"/> Chemical-resistant apron<br><input checked="" type="checkbox"/> Chemical-resistant footwear and socks<br><input checked="" type="checkbox"/> Protective eyewear (NOT goggles)<br><input checked="" type="checkbox"/> Chemical-resistant gloves<br><input checked="" type="checkbox"/> Full-face air-purifying respirator<br><input checked="" type="checkbox"/> Self contained breathing apparatus<br><input type="checkbox"/> Other:<br><input type="checkbox"/> No respirator<br><br>PPE training date: <b>02/15/10</b> | Make: <b>Survivair</b><br>Model: <b>Opt-Fit</b><br>Type: <b>APR</b><br>Style: <b>Full-face</b><br>Size: <b>Small</b><br>Cartridge type: <b>Survivair Acid Gas/Organic Vapor Cartridges</b><br>Fit test date: <b>03/1/10</b><br>Training date: <b>03/1/10</b><br>Medical date: <b>03/1/10</b><br><br>Make: <b>3M</b><br>Model: <b>Air-Mate 2000</b><br>Type: <b>SCBA</b><br>Style: <b>SCBA</b><br>Size: <b>Small</b><br>Cartridge type: <b>NA</b><br>Fit test date: <b>03/1/10</b><br>Training date: <b>03/1/10</b><br>Medical date: <b>03/1/10</b><br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>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<br>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)<br>3. Tasks with liquid contact potential<br>4. Installing, perforating, removing, repairing, or monitoring tarps until:<br>-14 days after the application is complete if tarps are not perforated and removed during those 14 days,<br>-Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or<br>-48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application. |  |  |  |   |
| <b>Comments/notes:</b>  |  |  |  |   |

### 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<br>(leave blank if "no respirator" is checked under PPE)  |
|---|--|--|---|--|
| <b>Paul Schultz</b><br>2588 Huntington Road<br>Overview, WA 57196<br>(800)579-2178  | <b>RM Applicators</b><br>1243 James Way<br>Oakton, WA 57914<br>(800)232-8963 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input checked="" type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9<br><input type="checkbox"/> 10 | <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks<br><input checked="" type="checkbox"/> Chemical-resistant apron<br><input checked="" type="checkbox"/> Chemical-resistant footwear and socks<br><input checked="" type="checkbox"/> Protective eyewear (NOT goggles)<br><input checked="" type="checkbox"/> Chemical-resistant gloves<br><input checked="" type="checkbox"/> Full-face air-purifying respirator<br><input type="checkbox"/> Self contained breathing apparatus<br><input type="checkbox"/> Other:<br><input type="checkbox"/> No respirator<br><br>PPE training date: <b>02/15/10</b> | Make: <b>Survivair</b><br>Model: <b>Opt-Fit</b><br>Type: <b>APR</b><br>Style: <b>Full-face</b><br>Size: <b>Small</b><br>Cartridge type: <b>Survivair Acid Gas/Organic Vapor Cartridges</b><br>Fit test date: <b>03/1/10</b><br>Training date: <b>03/1/10</b><br>Medical date: <b>03/1/10</b><br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>Medical date:<br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>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<br>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)<br>3. Tasks with liquid contact potential<br>4. Installing, perforating, removing, repairing, or monitoring tarps until:<br>-14 days after the application is complete if tarps are not perforated and removed during those 14 days.<br>-Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or<br>-48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application. |  |  |   |  |
| <b>Comments/notes:</b>  |  |  |   |  |
| 5. Taking air samples (breathing zone)<br>6. Handling or disposing of fumigant containers<br>7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues<br>8. Installing, repairing, operating, or removing irrigation equipment in the application block<br>9. Performing scouting, crop advising, or monitoring tasks in the application block<br>10. Performing other WPS handling tasks  |  |  |   |  |

### 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<br>(leave blank if "no respirator" is checked under PPE)   |
|---|--|---|---|---|
| <b>Kevin Beltran</b><br>23 Peachtree Street<br>Seymour, WA 57296<br>(800)555-8564   | <b>RM Applicators</b><br>1243 James Way<br>Oakton, WA 57914<br>(800)232-8963 | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> | <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks<br><input checked="" type="checkbox"/> Chemical-resistant apron<br><input checked="" type="checkbox"/> Chemical-resistant footwear and socks<br><input checked="" type="checkbox"/> Protective eyewear (NOT goggles)<br><input checked="" type="checkbox"/> Chemical-resistant gloves<br><input checked="" type="checkbox"/> Full-face air-purifying respirator<br><input type="checkbox"/> Self contained breathing apparatus<br><input type="checkbox"/> Other:<br><input type="checkbox"/> No respirator<br><br>PPE training date: <b>02/15/10</b> | Make: <b>Survivair</b><br>Model: <b>Opt-Fit</b><br>Type: <b>APR</b><br>Style: <b>Full-face</b><br>Size: <b>Medium</b><br>Cartridge type: <b>Survivair Acid Gas/Organic Vapor Cartridges</b><br>Fit test date: <b>05/1/10</b><br>Training date: <b>05/1/10</b><br>Medical date: <b>05/1/10</b><br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>Medical date:<br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>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<br>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)<br>3. Tasks with liquid contact potential<br>4. Installing, perforating, removing, repairing, or monitoring tarps until:<br>-14 days after the application is complete if tarps are not perforated and removed during those 14 days,<br>-1 tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or<br>-48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application. |  |   |   |   |
| <b>Comments/notes:</b>  |  |   |   |   |
| 5. Taking air samples (breathing zone)<br>6. Handling or disposing of fumigant containers<br>7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues<br>8. Installing, repairing, operating, or removing irrigation equipment in the application block<br>9. Performing scouting, crop advising, or monitoring tasks in the application block<br>10. Performing other WPS handling tasks  |  |   |   |   |



## 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<br>(leave blank if "no respirator" is checked under PPE)  |
|---|--|--|--|--|
| <b>Craig Kane</b><br>6524 Dover Ave.<br>Seymour, WA 57296<br>(800)555-0128  | <b>RM Applicators</b><br>1243 James Way<br>Oakton, WA 57914<br>(800)232-8963 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9<br><input type="checkbox"/> 10 | <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks<br><input type="checkbox"/> Chemical-resistant apron<br><input type="checkbox"/> Chemical-resistant footwear and socks<br><input checked="" type="checkbox"/> Protective eyewear (NOT goggles)<br><input type="checkbox"/> Chemical-resistant gloves<br><input type="checkbox"/> Full-face air-purifying respirator<br><input type="checkbox"/> Self contained breathing apparatus<br><input type="checkbox"/> Other:<br><input checked="" type="checkbox"/> No respirator<br><br>PPE training date: <b>02/15/10</b> | Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>Medical date:<br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>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<br>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)<br>3. Tasks with liquid contact potential<br>4. Installing, perforating, removing, repairing, or monitoring tarps until:<br>-14 days after the application is complete if tarps are not perforated and removed during those 14 days,<br>-Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or<br>-48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application. |  |  |  |  |
| <b>Comments/notes:</b><br>5. Taking air samples (breathing zone)<br>6. Handling or disposing of fumigant containers<br>7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues<br>8. Installing, repairing, operating, or removing irrigation equipment in the application block<br>9. Performing scouting, crop advising, or monitoring tasks in the application block<br>10. Performing other WPS handling tasks  |  |  |  |  |
| <b>Will stop work rather than use respirator if sensory irritation occurs. Will implement air monitoring plan to determine when it is safe to resume work (i.e., air concentration are below label trigger levels) or will contact the certified applicator supervising the application to determine when it is safe to resume work.</b>  |  |  |  |  |

## 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<br>(leave blank if "no respirator" is checked under PPE)  |
|--|---|--|--|--|
| <b>David Ron</b><br><b>85 Rolling Meadow Lane</b><br><b>Plainsview, WA 58234</b><br><b>(800)555-3114</b>   | <b>RM Applicators</b><br><b>1243 James Way</b><br><b>Oakton, WA 57914</b><br><b>(800)232-8963</b> | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9<br><input type="checkbox"/> 10 | <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks<br><input type="checkbox"/> Chemical-resistant apron<br><input type="checkbox"/> Chemical-resistant footwear and socks<br><input checked="" type="checkbox"/> Protective eyewear (NOT goggles)<br><input type="checkbox"/> Chemical-resistant gloves<br><input type="checkbox"/> Full-face air-purifying respirator<br><input type="checkbox"/> Self contained breathing apparatus<br><input type="checkbox"/> Other:<br><input checked="" type="checkbox"/> No respirator<br><br>PPE training date: <b>02/15/10</b> | Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>Medical date:<br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>Medical date: |
| <input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling information within the past 12 months.   |   |  |  |  |
| <p>*1. Loaders, drivers, tractor co-pilots, shovelers, cross-ditchers, or other direct application participants</p> <p>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)</p> <p>3. Tasks with liquid contact potential</p> <p>4. Installing, perforating, removing, repairing, or monitoring tarps until:<br/>           -14 days after the application is complete if tarps are not perforated and removed during those 14 days,<br/>           -Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or<br/>           -48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application.</p> <p>5. Taking air samples (breathing zone)</p> <p>6. Handling or disposing of fumigant containers</p> <p>7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues</p> <p>8. Installing, repairing, operating, or removing irrigation equipment in the application block</p> <p>9. Performing scouting, crop advising, or monitoring tasks in the application block</p> <p>10. Performing other WPS handling tasks</p> |   |  |  |  |
| <b>Comments/notes:</b><br><b>Will stop work rather than use respirator if sensory irritation occurs. Will implement air monitoring plan to determine when it is safe to resume work (i.e., air concentration are below label trigger levels) or will contact the certified applicator supervising the application to determine when it is safe to resume work.</b>   |   |  |  |  |

## 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<br>(leave blank if "no respirator" is checked under PPE)  |
|--|---|--|--|--|
| <b>Jason Vogel</b><br><b>1764 Whitman Drive</b><br><b>Riverside, WA 58974</b><br><b>(800)555-9091</b>  | <b>RM Applicators</b><br><b>1243 James Way</b><br><b>Oakton, WA 57914</b><br><b>(800)232-8963</b> | <input checked="" type="checkbox"/> 1<br><input checked="" type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input checked="" type="checkbox"/> 5<br><input checked="" type="checkbox"/> 6<br><input checked="" type="checkbox"/> 7<br><input checked="" type="checkbox"/> 8<br><input checked="" type="checkbox"/> 9<br><input type="checkbox"/> 10 | <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks<br><input checked="" type="checkbox"/> Chemical-resistant apron<br><input checked="" type="checkbox"/> Chemical-resistant footwear and socks<br><input checked="" type="checkbox"/> Protective eyewear (NOT goggles)<br><input checked="" type="checkbox"/> Chemical-resistant gloves<br><input checked="" type="checkbox"/> Full-face air-purifying respirator<br><input type="checkbox"/> Self contained breathing apparatus<br><input type="checkbox"/> Other:<br><input checked="" type="checkbox"/> No respirator<br><br>PPE training date: <b>02/15/10</b> | Make: <b>Survivair</b><br>Model: <b>Opt-Fit</b><br>Type: <b>APR</b><br>Style: <b>Full-Face</b><br>Size: <b>Medium</b><br>Cartridge type: <b>Survivair Acid Gas/Organic Vapor Cartridges</b><br>Fit test date: <b>03/01/10</b><br>Training date: <b>03/01/10</b><br>Medical date: <b>03/01/10</b><br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>Medical date:<br><br>Make:<br>Model:<br>Type:<br>Style:<br>Size:<br>Cartridge type:<br>Fit test date:<br>Training date:<br>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<br>2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application)<br>3. Tasks with liquid contact potential<br>4. Installing, perforating, removing, repairing, or monitoring tarps until:<br>-14 days after the application is complete if tarps are not perforated and removed during those 14 days.<br>-14 days after the application is complete if tarps are both perforated and removed less than 14 days after the application, or<br>-48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application. |   |  |  |  |
| <b>Comments/notes:</b>   |   |  |  |  |

**2010 SOIL FUMIGANT POST APPLICATION SUMMARY  
(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](#)
- Drip Application Monitoring Results

**2010 SOIL FUMIGANT POST APPLICATION SUMMARY  
FOR (INSERT GENERAL SITE INFORMATION FROM THE FMP): 858 White Haven Road, Arbor, WA  
58963**

**(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:<br><b>9/20/2010-start 1 pm end at 5 pm</b>   |  | EPA Registration Number:<br>-  | Fumigant Product Name:                     |
| Application method:<br><input type="checkbox"/> Tarp bedded<br><input type="checkbox"/> Tarp broadcast<br><input type="checkbox"/> Untarp bedded<br><input type="checkbox"/> Untarp broadcast<br><input type="checkbox"/> Deep untarp broadcast<br><input type="checkbox"/> Tarp drip<br><input type="checkbox"/> Untarp buried drip<br><input type="checkbox"/> Hand held probes (tree hole)                   | Application Rate (lbs or gallons of product/treated acre): | Injection Depth (inches):  | Application Block Size (acres):            |
| Weather Conditions  |  |  |  |
| Summary of the weather <b>on the day of the application</b> (a printed copy may be attached to the post-application summary):<br><input type="checkbox"/> Check here if printed copy is attached to the post-application summary or complete the following:<br>Wind Speed: <b>ESE 7 mph</b> Inversion conditions: <b>none</b> Air-Stagnation Advisories: <b>none</b> Other: <b>na</b>                           |  |  |  |
| Summary of the weather <b>during the 48-hour period following the fumigant application</b> (a printed copy may be attached to the post-application summary):<br><input type="checkbox"/> Check here if printed copy is attached to the post-application summary or complete following:<br>Wind Speed: <b>5-10 mph</b> Inversion conditions: <b>none</b> Air-Stagnation Advisories: <b>none</b> Other: <b>na</b> |  |  |  |
| Tarp Damage and Repair (check here if section is not applicable <input type="checkbox"/> )  |  |  |  |
| Location and size of tarp damage:   |  |  |  |
| Description of tarp/tarp seal/tarp equipment failure:   |  |  |  |
| Date and time of tarp repair:   |  |  |  |
| Additional comments or other deviations from FMP (if applicable): <b>During application a section of the tarps closest to the road and houses across the street came unglued. Certified applicator stopped the application and the tarp was re-glued within 20 minutes.</b>   |  |  |  |
| 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: <b>9/26/2010 start at 8 am end at 10 am</b>   |  | Date tarps were removed: <b>9/26/2010 start at noon end at 1 pm</b>              |  |
| Complaints (check here if section is not applicable <input checked="" type="checkbox"/> )   |  |  |  |
| Person filing complaint:<br><input 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:   |  |  |  |
| Additional comments:  |  |  |  |
| Description of Incidents (check here if section is not applicable <input type="checkbox"/> )  |  |  |  |
| Description of incident, equipment failure, or other emergency: <b>Incident occurred after tarp closest to Mr. Banfretti's house became unglued. Mr. Banfretti was outside and felt his eyes burning. He called Ron Klicman, who then called 911.</b>   |  |  | Date and time: <b>9/20/2010 at 1:20 pm</b> |
| Description of emergency procedures followed: <b>Tarp was glued together within 20 minutes of coming unglued. 911 was called and Mr. Banfretti was taken to the hospital.</b>   |  |  |  |
| Was the incident reported to the state agency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| Additional comments (include contact information for person(s) affected): <b>Nate Banfretti 1255 Mersignton St. Francis, WA 57432 800-985-3647</b>  |  |  |  |
| 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):   |   |                 |
| <b>Posting Signs – Fumigant Treated Area</b>  |   |                 |
| Date(s) of Fumigant Treated Area sign removal: <b>9/28/2010</b>   | Description of deviations from FMP (if applicable): |                 |
| <b>Handler Information for Changes Since the FMP</b>  |   |                 |
| Have there been any changes to the handler information since the FMP was completed (including handlers that were on-site that were not listed in FMP)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the updated handler information must be attached to the post application summary (use EPA's <b>Microsoft Word or Acrobat Adobe version of the handler information template</b> ) |   |                 |
| <b>Other Deviations from the FMP</b>  |   |                 |
| 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).

John Murray

10/1/10

**Signature of certified applicator that supervised the fumigation**

**Date**

List of Attachments: **Air Monitoring Results when Sensory Irritation is Experienced**

**Breathing Zone Air Monitoring with Direct Read Instruments**

**Air Monitoring Results When Sensory Irritation Is Experienced**

| Date and Time        | Handler Name    | Handler Task/Activity | Handler Location Where Irritation Was Observed | Resulting Action  | Comments   |
|----------------------|-----------------|-----------------------|--|---|--|
| 9/20/2010 at 1:30 pm | Chad Somerset   | Tractor co-pilot      | NW corner                                      | <input type="checkbox"/> Cease operations<br><input checked="" type="checkbox"/> Respiratory protection | experienced eye irritation when fastening tarp back in place that had come unglued |
| 9/20/2010 at 1:30 pm | Jonathan Murphy | Tractor Driver        | NW corner                                      | <input type="checkbox"/> Cease operations<br><input checked="" type="checkbox"/> Respiratory protection | experienced eye irritation when fastening tarp back in place that had come unglued |
| 9/20/2010 at 1:30 pm | Paul Schultz    | Shoveler              | NW corner                                      | <input type="checkbox"/> Cease operations<br><input checked="" type="checkbox"/> Respiratory protection | experienced eye irritation when fastening tarp back in place that had come unglued |
| 9/20/2010 at 1:30 pm | Kevin Beltran   | Shoveler              | NW corner                                      | <input type="checkbox"/> Cease operations<br><input checked="" type="checkbox"/> Respiratory protection | experienced eye irritation when fastening tarp back in place that had come unglued |
|                      |                 |                       |  | <input type="checkbox"/> Cease operations<br><input type="checkbox"/> Respiratory protection            |  |
|                      |                 |                       |  | <input type="checkbox"/> Cease operations<br><input type="checkbox"/> Respiratory protection            |  |
|                      |                 |                       |  | <input type="checkbox"/> Cease operations<br><input type="checkbox"/> Respiratory protection            |  |
|                      |                 |                       |  | <input type="checkbox"/> Cease operations<br><input type="checkbox"/> Respiratory protection            |  |
|                      |                 |                       |  | <input type="checkbox"/> Cease operations<br><input type="checkbox"/> Respiratory protection            |  |
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|                      |                 |                       |  | <input type="checkbox"/> Cease operations<br><input type="checkbox"/> Respiratory protection            |  |
|                      |                 |                       |  | <input type="checkbox"/> Cease operations<br><input type="checkbox"/> Respiratory protection            |  |

**Additional Comments: All handlers in the application block put on respirators and helped fix the unglued tarp. The handlers listed in this table were the only handlers in the application block at this time.**

**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) |
|----------------------|-----------------|-----------------------|------------------|-------------------|-------------------|---|
| 9/20/2010 at 1:55 pm | Chad Somerset   | Tractor co-pilot      | NW corner        | 0.1 ppm           | Draeger pump/tube |   |
| 9/20/2010 at 2:10 pm | Chad Somerset   | Tractor co-pilot      | NW corner        | 0.1 ppm           | Draeger pump/tube |   |
| 9/20/2010 at 1:55 pm | Jonathan Murphy | Tractor driver        | NW corner        | 0.1 ppm           | Draeger pump/tube |   |
| 9/20/2010 at 2:10 pm | Jonathan Murphy | Tractor driver        | NW corner        | 0.1 ppm           | Draeger pump/tube |   |
| 9/20/2010 at 1:55 pm | Paul Schultz    | Shoveler              | NW corner        | 0.1 ppm           | Draeger pump/tube |   |
| 9/20/2010 at 2:10 pm | Paul Schultz    | Shoveler              | NW corner        | 0.1 ppm           | Draeger pump/tube |   |
| 9/20/2010 at 1:55 pm | Kevin Beltran   | Shoveler              | NW corner        | 0.1 ppm           | Draeger pump/tube |   |
| 9/20/2010 at 2:10 pm | Kevin Beltran   | Shoveler              | NW corner        | 0.1 ppm           | Draeger pump/tube |   |

**Additional Comments: All measurements were taken after the tarp was re-glued. After measurements indicated that the level of chloropicrin was below the trigger level handlers resumed work without full-face APRs.**