

**PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY
(METAM SODIUM / METAM POTASSIUM 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 Zones](#)

[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

Water Run Application Monitoring Results

Other:

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)

Date and time tarps were perforated:

Date tarps were removed:

Were tarps perforated and/or removed early? Yes No

If yes, describe the conditions that led to the early tarp perforation and/or removal:

Complaints (check here if section is not applicable)

Person filing complaint:
 On-site handler 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)

Description of incident, equipment failure, or other emergency:

Date and time:

Description of emergency procedures followed:

Was the incident reported to the state agency? Yes No

Additional comments:

Communication Between Applicator, Owner, and Other On-site Handlers (check if no changes from the FMP)

Was the certified applicator at the application block during all handler activities that took place from the beginning of the application until the entry restricted period expired? Yes 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:
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Description of deviations from FMP (if applicable):

Handler Information for Changes Since the FMP

Have there been any changes to the handler information since the FMP was completed (including handlers that were on-site that were not listed in FMP)? Yes No If yes, the updated handler information must be attached to the post application summary (use EPA's Microsoft Word or PDF version of the handler information template)

Other Deviations from the FMP

Additional comments/notes:

I have verified that this post application summary reflects the actual site conditions that occurred during the fumigation and is an accurate description of deviations from the FMP (if applicable).

Signature of certified applicator that supervised the application

Date

Handler (including certified applicator) Information and PPE

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 type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input 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 type="checkbox"/> 11 _____	<input 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 type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: _____ <input type="checkbox"/> No respirator PPE training date: _____	Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:

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

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| *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 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:
<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:

Water Run Application Monitoring Results

Inspection Date/Time	Name(s) of Person(s) Monitoring	Equipment Properly Functioning (Yes or No)	Comments/Description of Corrective Action Taken (if needed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	