

**PHASE 2 SOIL FUMIGATION 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, 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](#)

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

Check 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
- Handler Air Monitoring with Direct Read Detection Devices Prior to Tarp Removal
- Air Monitoring with Direct Read Detection Devices Prior to Re-entry into Residential Structures within the Buffer Zone
- Other:

**PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY
FOR (INSERT GENERAL SITE INFORMATION FROM THE FMP):
(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: | EPA Registration Number: | Fumigant Product Name: | |
| | <input type="checkbox"/> No change from the FMP | <input type="checkbox"/> No change from the FMP | |
| 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) <input type="checkbox"/> No change from the FMP | Application Rate (e.g., lbs or gallons of product/treated acre or broadcast equivalent rate): | Injection Depth (inches): | Application Block Size: |
| | | <input type="checkbox"/> No change from the FMP | |
| Weather Conditions | | | |
| Summary of 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 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)

Date and time tarps were perforated:

Date and time 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 (include contact information for person(s) affected):

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

| | |
|---|------------------------|
| <p>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 type="checkbox"/> No</p> <p>If no, list the names and phone numbers of persons contacted:</p> | <p>Date contacted:</p> |
|---|------------------------|

Comments/notes (any deviation from FMP regarding how the information was shared):

Posting Signs – Fumigant Treated Area and Buffer Zone

| | |
|--|--|
| <p>Date(s) of Fumigant Treated Area sign posting:</p> <p>Date(s) of Buffer Zone sign posting:</p> | <p>Date(s) of Fumigant Treated Area sign removal:</p> <p>Date(s) of Buffer Zone sign removal:</p> |
|--|--|

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"/> 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 type="checkbox"/> No respirator PPE training date: | Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date: | | |
| <input 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 |
| *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) |
|--|---|--|-----------------------------------|--|
| | | | | |

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: |
| <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: |
| <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: | | | | | |

Air Monitoring with Direct Read Detection Devices Prior to Tarp Removal

| Sample Date/Time | Sample Location | Air Concentration | Resulting Action |
|------------------|-----------------|-------------------|--|
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection |

| | | | |
|-----------------------------|--|--|--|
| | | | <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| | | | <input type="checkbox"/> Tarp removal CANNOT begin <input type="checkbox"/> Tarp removal begins, handlers are NOT required to start in respiratory protection <input type="checkbox"/> Tarp removal begins, handlers required to start in respiratory protection |
| Additional Comments: | | | |

Air Monitoring with Direct Read Detection Devices Prior to Re-entry into Residential Structures within the Buffer Zone

| Sample Date/Time | Sample Location | Air Concentration | Resulting Action |
|------------------|-----------------|-------------------|--|
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |
| | | | <input type="checkbox"/> Structure cleared for re-entry <input type="checkbox"/> Structure NOT cleared for re-entry |

| | | | |
|-----------------------------|--|--|--|
| | | | |
| Additional Comments: | | | |