**PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN**

**(CHLOROPICRIN/1,3-DICHLOROPROPENE PRODUCTS)**

**FMP Elements:**

[I. Certified Applicator Supervising the Application](#Certified_Applicator_Info)

[II. General Site Information](#General_Site_Information)

[III. Application Block Owner Information](#Owner_operator_Info)

[IV. Recordkeeping](#Recordkeeping)

[V. General Application Information](#General_Application_Info)

[VI. Buffer Zones](#Buffer_Zones)

[VII. Emergency Response Plan](#Emergency_Response_Plan)

[VIII. Communication Between Applicator, Owner and Other On-site Handlers](#Communication_Between_Applicator)

[IX. Handler Information](#Handler_Information)

[X. Enclosed Cabs](#Enclosed_cabs)

[XI. Tarp Plan](#Tarps)

[XII. Soil Conditions](#Soil_Conditions)

[XIII. Posting Signs – Fumigant Treated Area and Buffer Zone](#Posting_Signs_Fumigant_Treated_Area)

[XIV. Emergency Preparedness and Response Measures](#Emergency_Preparedness_Response)

[XV. State and/or Tribal Lead Agency Advance Notification](#State_Tribal_Notice)

[XVI. Air Monitoring Plan](#Ai_Monitoring_Plan)

[XVII. Good Agricultural Practices (GAPs)](#GAPs)

**Attachments:**

Check the boxes if the information below is attached as a separate document to the FMP.

Site map, aerial photo or detailed sketch

Description of evacuation routes (this can be included in the site map)

Written agreement, if the buffer zone extends onto land not under the control of the owner of the application block

Handler Information (Use EPA’s Microsoft Word or PDF template)

GAPs

Other:

**PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (CHLOROPICRIN/1,3-DICHLOROPROPENE PRODUCTS)**

The below text fields will expand as the text is entered. After completing each field, use *Tab key* to go to next text field or check box.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Certified Applicator Supervising the Application** | | | | | | | | | | | | | | | |
| Name: | Phone number: | | | | | | | License and/or certificate number: | | | | | | Commercial applicator  Private applicator | |
| Employer name: | Employer address: | | | | | | | | | | | | |  | |
| Date and location of completing EPA approved certified applicator training program: | | | | | | | | | | | | | | | |
| **II. General Site Information** | | | | | | | | | | | | | | | |
| Application block location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: | | | | | | | | | | | | | | | |
| 1,3-Dichloropropene has not been used on this application block in the previous two years. | | | | | | | | | | | | | | | |
| There are no occupied structures within 100 feet of the application block during the seven consecutive days after the application. | | | | | | | | | | | | | | | |
| Site map, aerial photo attached to the FMP or detailed sketch provided below that shows (application block location, application block dimensions, buffer zone dimensions, property lines, roadways, rights-of-ways, sidewalks, permanent walking paths, bus stops, wells, karst topography, nearby application blocks, surrounding structures (occupied and non-occupied), locations of Buffer Zone signs, and locations of difficult to evacuate sites within ¼ mile of the application block if the buffer zone is greater than 300 feet, or 1/8 mile if the buffer zone is 300 feet or less).  Comments: | | | | | | | | | | | | | | | |
| **III. Application Block Owner Information** | | | | | | | | | | | | | | | |
| Name: | | Address: | | | | | | | | | Phone number: | | | | |
| **IV. Recordkeeping** | | | | | | | | | | | | | | | |
| The owner of the application block has been informed that he/she as well as the certified applicator must keep a signed copy of the site-specific FMP and the post-application summary for 2 years from the date of application. | | | | | | | | | | | | | | | |
| **V. General Application Information** | | | | | | | | | | | | | | | |
| Target application date/window: | | | EPA Registration Number: - | | | | | | | | | Fumigant Product Name: | | | |
| **VI****. Buffer Zones** | | | | | | | | | | | | | | | |
| Application method:  Tarp strip  Tarp bedded  Tarp broadcast  Untarp bedded  Untarped broadcast  Deep untarp broadcast  Tarp drip  Hand held probes (tree hole)  Multiple crop under a previously perforated tarp | | | Application Rate from the buffer zone table on the label, (if the rate used is not in the buffer zone table, round up to the next value): | | | | | | Injection Depth (inches): | | | | | | Application Block Size from the buffer zone table on the label,  (if the block size is not in the buffer zone table, round up to the next value): |
| Credits applied and measurements taken (if applicable):  Tarp (Brand name and tarp manufacturer:, Lot number: , Batch number: , Part number: , Thickness:, Color: ): **%**  Symmetry ™ application system: **%**  Potassium thiosulfate: **%**  Water seal: **%**  Organic matter content: (measurement), **%**  Clay content:  (measurement), **%**  Soil temperature:  (measurement), **%**  Total credits: **%** | | | | | | | | | | | | | | | |
| Buffer zone distance: | | | | | | | | | | | | | | | |
| Are there areas in the buffer zone that are not under the control of the owner of the application block?  Yes  No  If yes, describe the areas and attach the written agreement to the FMP. | | | | | | | | | | | | | | | |
| **VII. Emergency Response Plan** | | | | | | | | | | | | | | | |
| Description of evacuation routes (a diagram or drawing may be attached to the FMP):  Check here if diagram or drawing is attached or if evacuation routes are included in the site map. | | | | | | | | | | | | | | | |
| Locations of telephones: | | | | | | | | | | | | | | | |
| Contact information for first responders: | | | | | | | Local/state/federal contacts: | | | | | | | | |
| Emergency procedures/responsibilities in case of an incident, sensory irritation is experienced outside of the buffer zone and/or there are equipment/tarp/seal failure, complaints or other emergencies: | | | | | | | | | | | | | | | |
| **VIII. Communication Between Applicator, Owner, and Other On-site Handlers** | | | | | | | | | | | | | | | |
| Pesticide product labels and material safety data sheets are at the application block and available for employees to review.  Will the certified applicator be at the application site during all handler activities that take place after the application is complete until the entry restricted period expires?  Yes  No  If no, describe how the certified applicator will share the label requirements with the owner and/or handlers who will be present at the application block after the application is complete until the entry restricted period expires. Include the name and phone number of persons contacted as well as the date they were contacted. | | | | | | | | | | | | | | | |
| **IX.** **Handler Information** (use EPA’s Microsoft Word or PDF version of the handler information template) | | | | | | | | | | | | | | | |
| Information for all handlers is attached to the FMP  Handlers have the proper respirators and cartridges/canisters  Appropriate respirators and cartridges/canisters are available for each handler that will wear one  Comments/notes: | | | | | | | | | | | | | | | |
| **X. Enclosed Cabs** (check here is section is not applicable ) | | | | | | | | | | | | | | | |
| Check boxes below once the information has been verified  Positive pressure is 6 mm H2O Gauge  Minimum air intake flow is 43 m3/hour  Enclosed cab is equipped with activated charcoal filter-media containing no less than 1000 grams of activated charcoal  Ventilation system is maintained according to manufacturer’s instructions  Record the hours of application time for the filter: | | | | | | | | | | | | | | | |
| **XI.** **Tarp Plan** (check here if section is not applicable ) | | | | | | | | | | | | | | | |
| Schedule for checking tarps for damage, tears, and other problems: | | | | | | | | | | | | | | | |
| Minimum size of damage that will be repaired: | | | | | | | | | | | | | | | |
| Factors used to determine when tarp repair will be conducted: | | | | | | | | | | | | | | | |
| Equipment/methods used to perforate tarps:  mechanical: hand: | | | | | | | | | | | | | | | |
| Target dates for perforating tarps: | | | | | | | | | | | | | | | |
| Target dates for removing tarps: | | | | | | | | | | | | | | | |
| Is this a multiple crop application under a previously perforated tarp? Yes or  No | | | | | | | | | | | | | | | |
| **XII.** **Soil Conditions** | | | | | | | | | | | | | | | |
| Soil texture:  Soil Temperature: Has the air temperature been above 100 OF in any of the 3 days prior to application? Yes or  No  (check here if not applicable )  If yes, record the soil temperature measurement:  Soil Moisture: (check the box of the method used to determine the soil moisture) | | | | | | | | | | | | | | | |
| **USDA Feel and Appearance Method**  Description of soil:  Percent water capacity estimate: | | | | **Instrument**  Instrument used:  Percent water capacity: | | | | | | **Other**  Describe method:  Percent water capacity: | | | | | |
| **XIII. Posting Signs – Fumigant Treated Area and Buffer Zone** | | | | | | | | | | | | | | | |
| Name(s) of person(s) posting and removing Fumigant Treated Area and Buffer Zone signs: | | | | | | | | | | | | | | | |
| Location of Buffer Zone signs: | | | | | | | | | | | | | | | |
| **XIV.** **Emergency Preparedness and Response Measures** (check here if section is not applicable ) | | | | | | | | | | | | | | | |
| If Emergency Preparedness and Response Measures are triggered, check the option below that will be used:  Fumigant site monitoring or  Response information for neighbors | | | | | | | | | | | | | | | |
| Fumigant site monitoring (if applicable)  List when and where it will be conducted: | | | | | | Response information for neighbors (if applicable)  List residences and businesses informed:  Name and phone number of person providing the information:  List the method of providing the information: | | | | | | | | | |
| **XV****. State and/or Tribal Lead Agency Advance Notification** (check here if section is not applicable ) | | | | | | | | | | | | | | | |
| Date notified:  Person notified: | | | | | | | | | | | | | | | |
| **XVI.** **Air Monitoring Plan** | | | | | | | | | | | | | | | |
| 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:  Intend to cease operations or   Intend to continue operations with respiratory protection | | | | | | | | | | | | | | | |
| **Handler Tasks to be Monitored** | | | | | **Monitoring Equipment** | | | | | | | | **Timing** | | |
|  | | | | |  | | | | | | | |  | | |
| **XVII.** **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  Soil Temperature  Soil Moisture  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: | | | | | | | | | | | | | | | |
| Before beginning the fumigation, I have verified that this site-specific FMP reflects current site conditions and product label directions.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of certified applicator supervising the application Date** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |