

PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (DIMETHYL DISULFIDE (DMDS) ONLY PRODUCTS)

FMP Elements:

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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:

SAMPLE

PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (DIMETHYL DISULFIDE (DMDS) ONLY 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: George White	Phone number: 888-258-6467	License and/or certificate number: 2265-84C	<input checked="" type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: Fumigant Applicators	Employer address: 872 Summer Drive, West Falls, MI 48225		
Date and location of completing EPA approved certified applicator training program: January 15, 2013 took the training online at my home.			
II. General Site Information			
Application block location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: 1630 Farm Road, East Hills, MI 47596			
<input checked="" type="checkbox"/> 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, 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: Roger Wilson	Address: 314 Andino, East Hills, MI 47596	Phone number: 364-587-4679	
IV. Recordkeeping			
<input checked="" type="checkbox"/> 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: 5/1/13-5/6/13	EPA Registration Number: 55050-4	Fumigant Product Name: Paladin	
VI. Buffer Zones			
Application method: <input checked="" type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Tarp drip	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): 273 broadcast equivalent pounds/acre	Injection Depth (inches): 8	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): 40
Tarp: Brand name and tarp manufacturer: Canslit Shine N'Ripe , Lot Number: 2896 , Batch Number: TZ49 , Part Number 9341 , Thickness: 1.25 mil , Color: black/silver			
Buffer zone distance: 230			
Are there areas in the buffer zone that are not under the control of the owner of the application block? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe the areas and attach the written agreement to the FMP. The buffer zone extends onto land owned by 3 individuals not associated with the application. The home owners have agreed to voluntarily vacate and the grower has agreed to keep his workers out of the buffer zone during the buffer zone period.			
VII. Emergency Response Plan			
Description of evacuation routes (a diagram or drawing may be attached to the FMP): <input checked="" type="checkbox"/> Check here if diagram or drawing is attached or if evacuation routes are included in the site map.			
Locations of telephones: Phones are located in the main office which is located 1800 Farm Road, East Hills, MI 47596. In addition, the certified applicator will carry a cell phone at all times.			
Contact information for first responders: East Hills Fire Department 1100 Buckhead Drive, East Hills, MI 47596 364-958-4318	Local/state/federal contacts: Michigan Department of Agriculture & Rural Development 2500 Langergan Lansing, MI 48909 517-357-7582		
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: Call 911 if anyone experiences symptoms of exposure,			

conditions pose risks to people (i.e., air stagnation advisories, chemical spills, etc.). For other emergencies, e.g., tarp failure, call the certified applicator who is listed above.

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. **The certified applicator, George White, called Thomas Mobil (239-874-1597) on 04/28/13. George agreed to pass along the label, FMP and other application records to Thomas prior to leaving the application block. George also indicated that he would call Thomas after the application is complete.**

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
 - At minimum 2 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 if 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: **10**

XI. Tarp Plan (check here if section is not applicable)

Schedule for checking tarps for damage, tears, and other problems: **Will actively check during the application and then have handlers check once a day until the entry restricted period expires**

Minimum size of damage that will be repaired: **1/2 foot**

Factors used to determine when tarp repair will be conducted: **weather conditions, if there is an odor from the product, proximity of occupied houses, potential of tarp causing unintended problems (e.g., blowing onto a road).**

Equipment/methods used to perforate tarps: mechanical: **ATV** hand:

Target dates for perforating tarps: **5/13/13-5/18/13**

Target dates for removing tarps: **Do not plan to remove the tarps until much later. Plants will be put in with the tarps still on the beds.**

XII. Soil Conditions

Soil texture: **silt loam**

Soil Temperature: Has the air temperature been above 100 °F in any of the 3 days prior to application? Yes or No
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: **the soil is moist, forms a ball with defined finger marks, very light soil/water staining on fingers, darkened color, will not stick**
Percent water capacity estimate: **75%**

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: **Andrew Green will both post and remove the fumigant treated area and buffer zone signs.**

Location of Buffer Zone signs: **See the site map.**

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)

Response information for neighbors (if applicable)

List when and where it will be conducted:

List residences and businesses informed: **Hunter, Sullivan, Moore, Walsh and Simon residences**

Name and phone number of person providing the information: **Andrew Green, 517-305-0122**

List the method of providing the information: **Door hangers**

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 garlic-like odor is detected check which of the following procedures will be followed:

Intend to cease operations or Intend to continue operations with respiratory protection

Handler Tasks to be Monitored

Monitoring Equipment

Timing

Monitor where odor is detected. In addition when respirators are worn will plan to monitor tractor drivers, shovelers, tarp perforators and tarp removers.

NA, plan to remove respirator to determine if odor can still be detected.

After wearing respirators for an hour, handlers will remove respirators to determine if the odor still exists. If the odor is still present, handlers will wait another hour before removing respirators again.

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.

Bedded and Broadcast Shank Applications


- Equipment
- Planting Interval
- Tarps
- Weather Conditions
- Soil Preparation
- Soil Temperature
- Soil Moisture
- Application Depth
- Prevention of End Row Spillage
- Calibration, Set-up, Repair, and Maintenance for Application Rigs
- Soil Sealing

Drip Irrigation Applications

- Application Methods and Equipment
- Planting Interval
- Tarps
- Weather Conditions
- Soil Preparation
- Soil Temperature
- Soil Moisture
- Product and Dosage
- System Controls and Integrity
- Site of Injection and Irrigation System Layout
- System Flush
- Soil Sealing
- Calibration, Set-up, Repair, and Maintenance for Application Equipment

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

5/3/2013

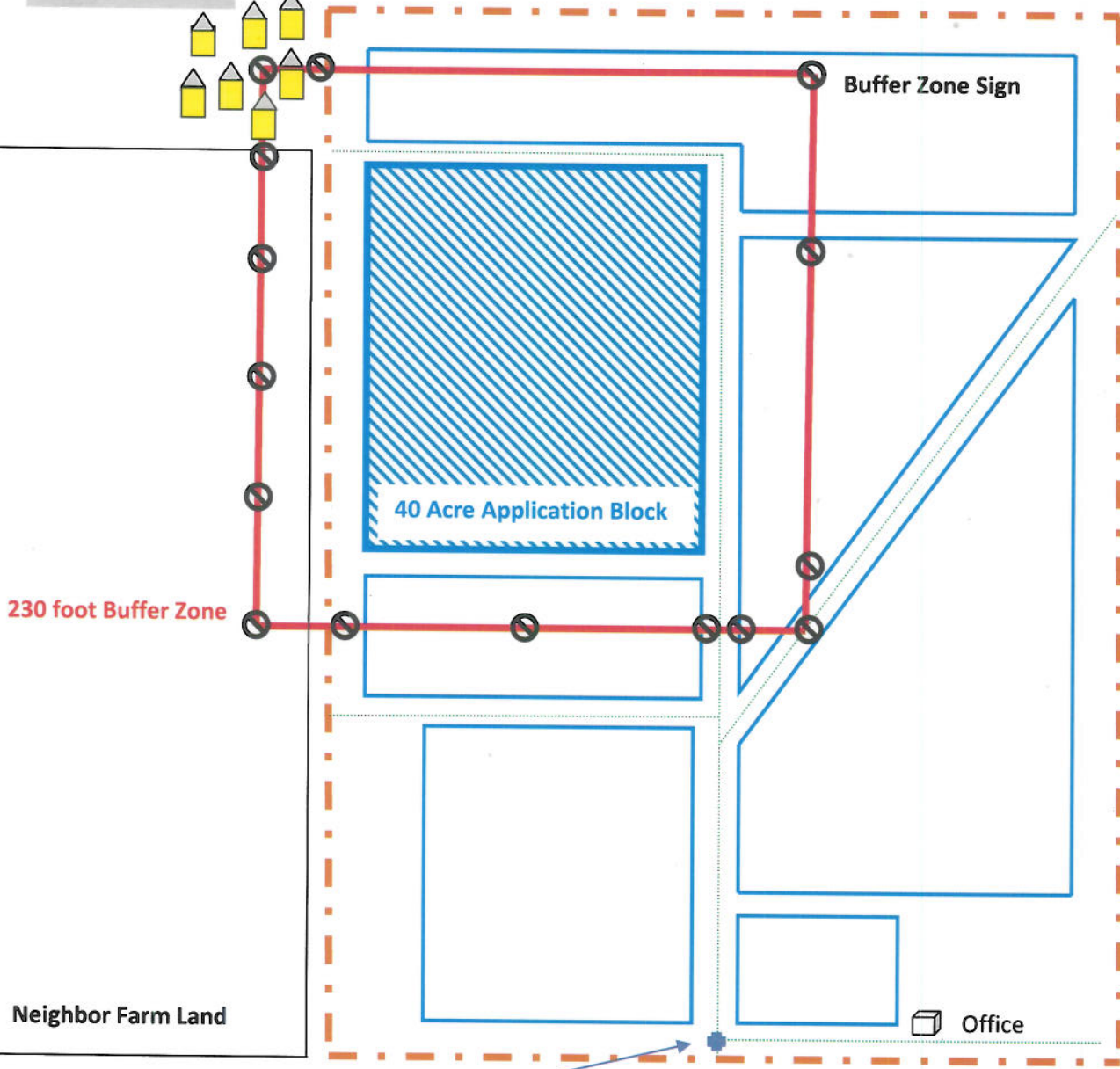
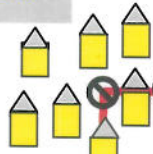
Date

Site Map

Hospital is 4 miles away from the property line



Nearby Houses



230 foot Buffer Zone

Buffer Zone Sign

40 Acre Application Block

Private Roads

Neighbor Farm Land

Office

Evacuation Meeting Point

Property Line



SAMPLE

Hey Dave,

We are going to be fumigating again this year. Is it alright to use part of your property as part of our buffer zone? The attached sheet has the details. If this sounds OK, can you fill out and sign the bottom and return to me? Let me know if you have any questions. Thanks in advance.

George

SAMPLE

Buffer Zone Permission Agreement

From

Applicator Name: George White
Company: Fumigant Applicators
Address: 872 Summer Drive West Falls, MI 48225
Phone: 888-258-6467

Date: April 17, 2013

To

David Henry
346 Cambridge Ct.
East Hills, MI 47596

Dear Mr. Henry:

A soil fumigation is scheduled to occur near your property. This fumigation will require a buffer zone to be established around the application site during the application and for at least 48 hours after the completion of the application. This is to request your permission to allow a buffer zone to extend onto your property. By agreeing to this request, you are:

- Agreeing to voluntarily vacate the buffer zone during the buffer zone period, and
- Agreeing to allow us to post buffer zone signs at likely routes of entry into the application block along the portion of the buffer zone extending onto your property.

Here are the details of the fumigation:

Buffer Zone Location: The buffer zone is around a 40 acre field at the northwest side of Wilson's Farm. The buffer zone would extend onto the front half of your property, including your house.
Time of Buffer Zone Restrictions: Estimated some time from May 1, 2013-May 8, 2013.
We will contact you at least 4 hours before the application begins to let you know when the fumigation and buffer zone restrictions will start.

For your convenience, if you agree, please return the tear-off at the bottom of this letter with your response. Please feel free to contact me with any questions you have regarding the application or this request.

Sincerely,

George White
Certified Applicator

I voluntarily agree to allow this buffer zone to extend onto my property, vacate the buffer zone, and allow buffer zone signs to be posted on my property for following application:

Buffer Zone Location: The buffer zone is around a 40 acre field at the northwest side of Wilson's Farm. The buffer zone would extend onto the front half of your property, including your house.
Time of Buffer Zone Restrictions: Estimated some time from May 1, 2013-May 8, 2013.

Signature: 

Date: 04/25/13

Name (print): DAVID HENRY

SAMPLE

Hey Pat,

We are going to be fumigating again this year. Is it alright to use part of your property as part of our buffer zone? The attached sheet has the details. If this sounds OK, can you fill out and sign the bottom and return to me? Let me know if you have any questions. Thanks in advance.

George

SAMPLE

Buffer Zone Permission Agreement

From

Applicator Name: George White
Company: Fumigant Applicators
Address: 872 Summer Drive West Falls, MI 48225
Phone: 888-258-6467

Date: April 17, 2013

To

Patrick Vito
931 Liberty
East Hills, MI 47596

Dear Mr. Vito:

A soil fumigation is scheduled to occur near your property. This fumigation will require a buffer zone to be established around the application site during the application and for at least 48 hours after the completion of the application. This is to request your permission to allow a buffer zone to extend onto your property. By agreeing to this request, you are:

- Agreeing to voluntarily vacate the buffer zone during the buffer zone period, and
- Agreeing to allow us to post buffer zone signs at likely routes of entry into the application block along the portion of the buffer zone extending onto your property.

Here are the details of the fumigation:

Buffer Zone Location: The buffer zone is around a 40 acre field at the northwest side of Wilson's Farm. The buffer zone would extend onto the front half of your property, including your house.

Time of Buffer Zone Restrictions: Estimated some time from May 1, 2013-May 8, 2013. We will contact you at least 4 hours before the application begins to let you know when the fumigation and buffer zone restrictions will start.

For your convenience, if you agree, please return the tear-off at the bottom of this letter with your response. Please feel free to contact me with any questions you have regarding the application or this request.

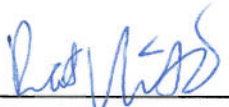
Sincerely,

George White
Certified Applicator

I voluntarily agree to allow this buffer zone to extend onto my property, vacate the buffer zone, and allow buffer zone signs to be posted on my property for following application:

Buffer Zone Location: The buffer zone is around a 40 acre field at the northwest side of Wilson's Farm. The buffer zone would extend onto the front half of your property, including your house.

Time of Buffer Zone Restrictions: Estimated some time from May 1, 2013-May 8, 2013.

Signature: 

Date: 04/18/2013

Name (print): Pat Vito

SAMPLE

Hey Ed,

We are going to be fumigating again this year. Is it alright to use the northeast edge of your property as part of our buffer zone? The attached sheet has the details. If this sounds OK, can you fill out and sign the bottom and return to me? Let me know if you have any questions. Thanks in advance.

George

SAMPLE

Buffer Zone Permission Agreement

From

Applicator Name: George White
Company: Fumigant Applicators
Address: 872 Summer Drive West Falls, MI 48225
Phone: 888-258-6467

Date: April 17, 2013

To

Edward Houston
625 Crescent Lane
East Hills, MI 47596

Dear Mr. Houston:

A soil fumigation is scheduled to occur near your property. This fumigation will require a buffer zone to be established around the application site during the application and for at least 48 hours after the completion of the application. This is to request your permission to allow a buffer zone to extend onto your property. By agreeing to this request, you are:

- Agreeing to voluntarily vacate the buffer zone during the buffer zone period, and
- Agreeing to allow us to post buffer zone signs at likely routes of entry into the application block along the portion of the buffer zone extending onto your property.

Here are the details of the fumigation:

Buffer Zone Location: The buffer zone is around a 40 acre field at the northwest side of Wilson's Farm. The buffer zone would extend onto the northeast section of your farm land.

Time of Buffer Zone Restrictions: Estimated some time from May 1, 2013-May 8, 2013.

We will contact you at least 4 hours before the application begins to let you know when the fumigation and buffer zone restrictions will start.

For your convenience, if you agree, please return the tear-off at the bottom of this letter with your response. Please feel free to contact me with any questions you have regarding the application or this request.

Sincerely,

George White
Certified Applicator

I voluntarily agree to allow this buffer zone to extend onto my property, vacate the buffer zone, and allow buffer zone signs to be posted on my property for following application:

Buffer Zone Location: The buffer zone is around a 40 acre field at the northwest side of Wilson's Farm. The buffer zone would extend onto the northeast section of your farm land.

Time of Buffer Zone Restrictions: Estimated some time from May 1, 2013-May 8, 2013.

Signature: 

Date: 4/23/13

Name (print): Edward Houston

Please return to:
George White, Fumigant Applicators
872 Summer Drive West Falls, MI 48225

SAMPLE

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 <small>(leave blank if "no respirator" is checked under PPE)</small>
George White 3473 Kristen Drive Riverside, MI 40087 310-968-2597	Fumigant Applicators 872 Summer Drive West Falls, MI 48225 888-258-6467	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" 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 footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 11/17/12	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Large Cartridge/Canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/5/13 Training date: 1/5/13 Medical qualification date: 1/5/13 Make: Model: Type: Style: Size: Cartridge/Canister type: Fit test date: Training date: Medical qualification 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 tarps, repairing or monitoring tarps until: <ul style="list-style-type: none"> • 21 days after the application is complete if tarps are not perforated and not removed for 21 days after application; or • 48 hours after tarp perforation is complete if tarps are perforated less than 21 days after the application is complete and tarps will not be removed prior to planting; or • tarp removal is completed if tarps are removed less than 21 days after the application is complete. 5. Monitoring fumigant air concentrations 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 or buffer zone 9. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone 10. Performing other WPS handling tasks				
Comments/notes:				

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 <small>(leave blank if "no respirator" is checked under PPE)</small>
<p>Andrew Green 2588 Cheswick Upton, MI 46259 710-488-1237</p>	<p>Fumigant Applicators 872 Summer Drive West Falls, MI 48225 888-258-6467</p>	<p><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 type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p>	<p><input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <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"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator</p> <p>PPE training date: 11/17/12</p>	<p>Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/Canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/5/13 Training date: 1/5/13 Medical qualification date: 1/5/13</p> <p>Make: Model: Type: Style: Size: Cartridge/Canister type: Fit test date: Training date: Medical qualification date:</p> <p>Make: Model: Type: Style: Size: Cartridge/Canister type: Fit test date: Training date: Medical qualification date:</p>
<p><input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling Information within the past 12 months.</p>				
<p>*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 tarps, repairing or monitoring tarps until: • 21 days after the application is complete if tarps are not perforated and not removed for 21 days after application; or • 48 hours after tarp perforation is complete if tarps are perforated less than 21 days after the application is complete and tarps will not be removed prior to planting; or • tarp removal is completed if tarps are removed less than 21 days after the application is complete.</p>				
<p>Comments/notes:</p>				

Handler (including certified applicator) Information and PPE

Handler Name, Address, and Phone Number Mitch Amway 710 Bradbird Road Upton, MI 46257 710-698-2567	Employer Name, Address, and Phone Number Fumigant Applicators 872 Summer Drive West Falls, MI 48225 888-258-6467	Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below) <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	PPE (check all that apply) <input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <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"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 11/17/12	Respirator Information (leave blank if "no respirator" is checked under PPE) Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/Canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/5/13 Training date: 1/5/13 Medical qualification date: 1/5/13
<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 tarps, repairing or monitoring tarps until: <ul style="list-style-type: none"> • 21 days after the application is complete if tarps are not perforated and not removed for 21 days after application; or • 48 hours after tarp perforation is complete if tarps are perforated less than 21 days after the application is complete and tarps will not be removed prior to planting; or • tarp removal is completed if tarps are removed less than 21 days after the application is complete. 5. Monitoring fumigant air concentrations 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 or buffer zone 9. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone 10. Performing other WPS handling tasks				
Comments/notes:				

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)
Thomas Mobil 896 Cranbrook Hillside, MI 49005 239-874-1597	Fumigant Applicators 872 Summer Drive West Falls, MI 48225 888-258-6467	<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 footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 11/17/12	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/Canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/5/13 Training date: 1/5/13 Medical qualification date: 1/5/13 Make: Model: Type: Style: Size: Cartridge/Canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge/Canister type: Fit test date: Training date: Medical qualification 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 tarps, repairing or monitoring tarps until: <ul style="list-style-type: none"> • 21 days after the application is complete if tarps are not perforated and not removed for 21 days after application, or • 48 hours after tarp perforation is complete if tarps are perforated less than 21 days after the application is complete and tarps will not be removed prior to planting, or • tarp removal is completed if tarps are removed less than 21 days after the application is complete. 				
Comments/notes:				
5. Monitoring fumigant air concentrations 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 or buffer zone 9. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone 10. Performing other WPS handling tasks				

SAMPLE

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 <small>(leave blank if "no respirator" is checked under PPE)</small>
Nathan Whittmer 723 Berkshire Weber, MI 49883 812-469-7415	Fumigant Applicators 872 Summer Drive West Falls, MI 48225 888-258-6467	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" 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 checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <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"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 11/17/12	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/Canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/5/13 Training date: 1/5/13 Medical qualification date: 1/5/13
<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling Information within the past 12 months.				
<ol style="list-style-type: none"> *1. Loaders, drivers, tractor co-pilots, shovels, 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 tarps, repairing or monitoring tarps until: <ul style="list-style-type: none"> • 21 days after the application is complete if tarps are not perforated and not removed for 21 days after application; or • 48 hours after tarp perforation is complete if tarps are perforated less than 21 days after the application is complete and tarps will not be removed prior to planting; or • tarp removal is completed if tarps are removed less than 21 days after the application is complete. 5. Monitoring fumigant air concentrations 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 or buffer zone 9. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone 10. Performing other WPS handling tasks 				
Comments/notes:				

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)
Bill Grove 215 Lasher Road Weber, MI 49883 812-679-5874	Fumigant Applicators 872 Summer Drive West Falls, MI 48225 888-258-6467	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" 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 checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <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"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 11/17/12	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/Canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/5/13 Training date: 1/5/13 Medical qualification date: 1/5/13 Make: Model: Type: Style: Size: Cartridge/Canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge/Canister type: Fit test date: Training date: Medical qualification date:
<p><input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling Information within the past 12 months.</p> <p>*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 tarps, repairing or monitoring tarps until: • 21 days after the application is complete if tarps are not perforated and not removed for 21 days after application; or • 48 hours after tarp perforation is complete if tarps are perforated less than 21 days after the application is complete and tarps will not be removed prior to planting; or • tarp removal is completed if tarps are removed less than 21 days after the application is complete.</p> <p>Comments/notes:</p>				

Handler (including certified applicator) Information and PPE

Handler Name, Address, and Phone Number Troy Middleton 1343 Bursely Baits, MI 47342 743-864-1526	Employer Name, Address, and Phone Number Fumigant Applicators 872 Summer Drive West Falls, MI 48225 888-258-6467	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 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 footwear and socks <input type="checkbox"/> Protective eyewear (NOT goggles) <input type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 11/17/12	Make: Survivair Model: Opt-Fit Type: APR Style: Full-Face Size: Medium Cartridge/Canister type: Survivair Acid Gas/Organic Vapor Cartridge Fit test date: 1/5/13 Training date: 1/5/13 Medical qualification date: 1/5/13
		<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 tarps, repairing or monitoring tarps until: <ul style="list-style-type: none"> • 21 days after the application is complete if tarps are not perforated and not removed for 21 days after application; or • 48 hours after tarp perforation is complete if tarps are perforated less than 21 days after the application is complete and tarps will not be removed prior to planting; or • tarp removal is completed if tarps are removed less than 21 days after the application is complete. 5. Monitoring fumigant air concentrations 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 or buffer zone 9. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone 10. Performing other WPS handling tasks				
Comments/notes:				

PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (DIMETHYL DISULFIDE (DMDS) ONLY 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](#)

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
- Drip Application Monitoring Results
- Other:

PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (DIMETHYL DISULFIDE (DMDS) ONLY PRODUCTS)

(Only fill-in information if it is different from the FMP or where the label requires that measurements/information are recorded in the 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: 5/4/13 at 7:00 am	Application Rate (e.g., lbs or gallons of product/treated acre or broadcast equivalent rate): 173 lbs of product/treated acre	Application Block Size: 40 acres	
Application method: <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Tarp drip <input checked="" type="checkbox"/> No change from the FMP	EPA Registration Number: - <input checked="" type="checkbox"/> No change from the FMP	Injection Depth (inches): <input checked="" type="checkbox"/> No change from the FMP	Fumigant Product Name: <input checked="" type="checkbox"/> No change from the FMP
Weather Conditions			
Summary of the 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: Application day forecast: Partly cloudy, low in the mid-50s reaching a high of 70 in the afternoon. Forecast for day 1 after the application: Mostly cloudy, low in the low-50s until late afternoon when the skies will clear and highs will reach the mid-60s. Forecast for day 2 after the application: Sunny, highs could reach the low-70s.			
Wind Speed: Application Day: Light steady southeasterly winds throughout the day, reaching 5 mph. Forecast for day 1 and day 2 after the application: Light and variable winds from 3-5 mph.			
Air-Stagnation Advisories: none			
Tarp Damage and Repair (check here if section is not applicable <input type="checkbox"/>)			
Date of tarp damage discovery: 5/4/13			
Location and size of tarp damage: SE corner of the field, approximately 6 inch tear in the tarp			
Description of tarp/tarp seal/tarp equipment failure: At the start of the application, as the tarp was being put down, the tarp ripped			
Date and time tarp repair was completed: 5/4/13 at 7:15 am			
Additional comments or other deviations from FMP (if applicable):			
Tarp Perforation/Removal (check here if section is not applicable <input type="checkbox"/>)			
Date and time tarps were perforated: 5/18/13, tarp perforation began at 8 am.		Date and time tarps were removed: Tarps remain on the field.	
Were tarps removed early? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, describe the conditions that led to the early tarp removal:			
Complaints (check here if section is not applicable <input checked="" type="checkbox"/>)			
Person filing complaint: <input type="checkbox"/> On-site handler <input type="checkbox"/> Person off-site		If off-site person, name, address, and phone number of person filing complaint:	
Description of control measures or emergency procedures followed after complaint:			
Additional comments:			
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:			

Communication Between Applicator, Owner, and Other On-site Handlers (check if no changes from the FMP <input type="checkbox"/>)	
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 checked="" type="checkbox"/> No	Date contacted: Initial call on 4/28/13. Follow up call on 5/4/13.
If no, list the names and phone numbers of persons contacted: Thomas Mobil (239-874-1597)	
Comments/notes (any deviation from FMP regarding how the information was shared): The call on 5/4/13 was to let Thomas know the following information: application start and end time, buffer zone period and entry restricted period.	
Posting Signs – Fumigant Treated Area and Buffer Zone	
Date(s) of Fumigant Treated Area sign posting: 5/3/13	Date(s) of Fumigant Treated Area sign removal: 5/20/13
Date(s) of Buffer Zone sign posting: 5/3/13	Date(s) of Buffer Zone sign removal: 5/8/13
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)? <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 Microsoft Word or PDF version of the handler information template)	
Other Deviations from the FMP	
Additional comments/notes: On the morning of 5/3/13 George White contacted David Henry, Patrick Vito and Edward Houston to let them know that the application would occur the following morning at 7 am.	

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).

George White

6/1/2013

Signature of certified applicator that supervised the application

Date

Air Monitoring Results

(use to record information about odor detection and monitoring with direct read detection devices)

SAMPLE

Date/Time (select the applicable scenario)	Handler Name	Handler Task/Activity	Handler Location (where odor is detected or where sample is taken)	Air Concentration Measurements (for sample results)	Resulting Action/Comments
<input checked="" type="checkbox"/> garlic-like odor detected: 5/4/13 at 7:05 am <input type="checkbox"/> garlic-like odor NOT detected: <input type="checkbox"/> sample with direct read detection device:	Andrew Green	Shoveler	SE corner of the field		<input type="checkbox"/> Cease operations <input checked="" type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> garlic-like odor detected: <input checked="" type="checkbox"/> garlic-like odor NOT detected: 5/4/13 at 8:05 am <input type="checkbox"/> sample with direct read detection device:	Andrew Green	Shoveler	SE corner of the field		<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other: No odor detected and so respiratory protection was removed.
<input type="checkbox"/> garlic-like odor detected: 5/4/13 at 7:05 am <input type="checkbox"/> garlic-like odor NOT detected: <input type="checkbox"/> sample with direct read detection device:	Mitch Amway	Shoveler	SE corner of the field		<input type="checkbox"/> Cease operations <input checked="" type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> garlic-like odor detected: <input checked="" type="checkbox"/> garlic-like odor NOT detected: 5/4/13 at 8:05 am <input type="checkbox"/> sample with direct read detection device:	Mitch Amway	Shoveler	SE corner of the field		<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> garlic-like odor detected: <input type="checkbox"/> garlic-like odor NOT detected: <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"/> garlic-like odor detected: <input type="checkbox"/> garlic-like odor NOT detected: <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"/> garlic-like odor detected: <input type="checkbox"/> garlic-like odor NOT detected: <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"/> garlic-like odor detected: <input type="checkbox"/> garlic-like odor NOT detected: <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:					