

# SAMPLE

## PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (METHYL BROMIDE/CHLOROPICRIN PRODUCTS)

### **FMP Elements:**

- [I. Certified Applicator Supervising the Application](#)
- [II. General Site Information](#)
- [III. Application Block Owner Information](#)
- [IV. Recordkeeping](#)
- [V. General Application Information](#)
- [VI. Buffer Zones](#)
- [VII. Emergency Response Plan](#)
- [VIII. Communication Between Applicator, Owner and Other On-site Handlers](#)
- [IX. Handler Information](#)
- [X. Tarp Plan](#)
- [XI. Soil Conditions](#)
- [XII. Posting Signs – Fumigant Treated Area and Buffer Zone](#)
- [XIII. Emergency Preparedness and Response Measures](#)
- [XIV. State and/or Tribal Lead Agency Advance Notification](#)
- [XV. Air Monitoring Plan](#)
- [XVI. Good Agricultural Practices \(GAPs\)](#)

### **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:

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## SOIL FUMIGATION MANAGEMENT PLAN (METHYL BROMIDE/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.

I. Certified Applicator Supervising the Application			
Name: Joseph B. Smith	Phone number: 800-555-1212	License and/or certificate number: 3267-89B	<input checked="" type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: Smith Applicators	Employer address: 1562 Burke Ave., Troy, FL 29892		
Date and location of completing EPA approved certified applicator training program: 12/01/12 Completed online training at home			
II. General Site Information			
Application block location (e.g., county, township-range-section quadrant), address including zip code, or global positioning system (GPS) coordinates: 320 Shady Grove Lane, Silver Hill, FL 29892			
<input checked="" type="checkbox"/> Site map, aerial photo 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: Richard Thomas	Address: Strawberry Shortcake Farms, 3249 Shady Grove Lane, Silver Hill, FL 29892	Phone number: 800-555-3232	
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: 06/15/13 – 07/01/13	EPA registration number: 11220-7	Fumigant product name: Tri-Con 67/33	
Identify if application: <input checked="" type="checkbox"/> Qualifies for a critical use exemption (CUE) at time of application and is listed in Table 1, <input type="checkbox"/> Qualifies for a quarantine exemption and is listed in Table 2, or <input type="checkbox"/> Does not qualify for a CUE and is listed in Table 3.			
If application qualifies for a quarantine exemption, identify: U.S. Federal, state, or local plant, animal, environmental protection or health authority requiring the quarantine application and the particular quarantine/phytosanitary requirement: Not applicable Requirement for the treatment (e.g., the State or Federal law): Not applicable			
Documentation of pest(s) for control of (if applicable): Oak Root Fungus ( <i>Armillaria mellea</i> ) and/or endoparasitic nematodes such as root-knot ( <i>Meloidogyne</i> spp.), dagger ( <i>Xiphinema</i> spp.), ring ( <i>Crictonemoides</i> spp.), lesion ( <i>Pratylenchus</i> spp.), and pin ( <i>Paratylenchus</i> spp.) nematodes for orchard replant Not applicable Fusarium, Macrophomina, and/or Verticillium for strawberry fruit Not applicable			
VI. Buffer Zones			
Application method: <input checked="" 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)	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): 150 lbs product/treated acre	Injection depth (inches): 10 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): 3 acres
Credits applied and measurements taken (if applicable): <input checked="" type="checkbox"/> Tarp (Brand name and tarp manufacturer: Bromostop, Lot Number: 313, Batch Number: 2406A, Part Number: 9227, Thickness: 1.38, and Color: n/a ): 40% credit <input type="checkbox"/> Potassium thiosulfate: 0% credit <input checked="" type="checkbox"/> Organic matter content: 1% (measurement), 10% credit <input type="checkbox"/> Clay content: (measurement), 0% credit <input type="checkbox"/> Soil temperature: (measurement), 0% credit			

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Total credits: 50%	
Buffer zone distance: 96 feet – (96 x 50%) = 48 feet	
(Note: For applications in California, the buffer zone distance is based on CDPR Methyl Bromide Field Fumigation Guidance Manual)	
Is the application broadcast shank or hot gas using a tarp that qualifies for a 60% or greater reduction in buffer zone distance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which option will be used <input type="checkbox"/> The buffer zone period will begin at the start of the application and end after the tarps have been removed from the application block. <input type="checkbox"/> Two buffer zone periods will be established where the first buffer zone period will be begin at the start of the application and last for a minimum of 48-hours after the application is complete. The second buffer zone period will begin when the tarps are perforated and end after the tarps have been removed from the application block.	
Are there areas in the buffer zone that are not under the control of the owner of the application block? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, describe the areas and attach the written agreement to the FMP. Not applicable	
<b>VII. Emergency Response Plan</b>	
Description of evacuation routes (a diagram or drawing may be attached to the FMP): Evacuate up-wind to either the corner of Oak View Lane & Shady Grove Lane or Oak View Lane at NW corner of property. <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: The certified applicator that is on site will have a cell phone. There is also a phone located in the office at 3249 Shady Grove Lane, Silver Hill, FL 29892.	
Contact information for first responders: Silver Hill Fire Department, 222 Main Street, Silver Hill, FL 29892 800-555-8877	Local/state/federal contacts: FDACS 3125 Conner Blvd., Tallahassee, FL, 32302 850-487-0532
Emergency procedures/responsibilities in case of an incident, sensory irritation is experienced outside of the buffer zone and/or there are other emergencies: Call 911 if anyone is experiencing symptoms of exposure, conditions that pose risks to people (i.e., inversion conditions, chemical spills). For all other emergencies (e.g., tarp failure), call the certified applicator listed above.	
<b>VIII. Communication Between Applicator, Owner, and Other On-site Handlers</b>	
<input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If no, describe how the certified applicator will share the label requirements with 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. On 06/13/13, certified applicator verbally told the owner (Richard Thomas 800-555-3232), as well as the tarp cutting contractor (Andrew McCarthy 800-555-2367), the date of the application completion, timing of when tarps can be cut, and how soon planting can begin after tarps have been cut (48 hours for this application). The tarp cutting contractor will inform the owner when the tarp cutting is complete. A copy of this FMP will be provided to the tarp cutting contractor.	
<b>IX. Handler Information</b> (use EPA's Microsoft Word or PDF version of the handler information template)	
<input checked="" type="checkbox"/> Information for all handlers is attached to the FMP <input checked="" type="checkbox"/> At minimum 2 handlers have the proper respirators and cartridges/canisters <input checked="" type="checkbox"/> Appropriate respirators and cartridges/canisters are available for each handler that will wear one Comments/notes:	
<b>X. Tarp Plan</b> (check here if section is not applicable <input type="checkbox"/> )	
Schedule for checking tarps for damage, tears, and other problems: Tarps will be checked twice a day until tarps are cut.	
Maximum time following notification of damage that the person(s) responsible for tarp repair will respond: 8 hours	
Minimum size of damage that will be repaired: 1 foot	
Factors used to determine when tarp repair will be conducted: Location and timing of damage, sensory irritation, and weather conditions.	
Equipment/methods used to perforate tarps: <input checked="" type="checkbox"/> mechanical: tractor drawn equipment <input type="checkbox"/> hand:	

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Target dates for perforating tarps: 06/21/13 – 07/06/13 (plan to cut/punch tarps 5 days after application is complete)		
Target dates for removing tarps: Not applicable – tarps will not be removed until after the crop is harvested.		
<b>XI. Soil Conditions</b>		
Soil Texture: sandy loam		
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)		
<b>USDA Feel and Appearance Method</b> <input checked="" type="checkbox"/>	<b>Instrument</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
Description of soil: moderately coarse	Instrument used:	Describe method:
Percent water capacity estimate: 50-75%	Percent water capacity:	Percent water capacity:
<b>XII. Posting Signs – Fumigant Treated Area and Buffer Zone</b>		
Name(s) of person(s) posting and removing Fumigant Treated Area and Buffer Zone signs: Wade Collins		
Location of Buffer Zone signs: See site map for sign locations.		
<b>XIII. Emergency Preparedness and Response Measures</b> (check here if section is not applicable <input type="checkbox"/> )		
If Emergency Preparedness and Response Measures are triggered, check the option below that will be used:		
<input checked="" type="checkbox"/> Fumigant site monitoring or <input type="checkbox"/> Response information for neighbors		
Fumigant site monitoring (if applicable)  List when and where it will be conducted: Monitoring will occur between the buffer zone and occupied structures that are within 50 feet of the buffer, specifically between buffer zone and occupied structures on John Brown's property (725 Oak View Lane, Silver Hill, FL 29892) Anticipate the following monitoring times: <ol style="list-style-type: none"> <li>1. on the day of the application 1 hour before sunset</li> <li>2. around 10 pm that evening</li> <li>3. the next day about 1 hour after sunrise</li> <li>4. around 2 pm the day following the application</li> <li>5. 1 hour before sunset on the day following the application</li> <li>6. around 10 pm on the evening following the day of the application</li> <li>7. on the second day after the application around 1 hour after sunrise</li> <li>8. on the second day after the application around 2 pm.</li> </ol>	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:	
<b>XIV. State and/or Tribal Lead Agency Advance Notification</b> (check here if section is not applicable <input checked="" type="checkbox"/> )		
Date notified:		
Person notified:		
<b>XV. Air Monitoring Plan</b>		
If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropicrin or greater than or equal to 5 ppm for methyl bromide, handlers must stop work and leave the application block.		
Will the product applied contain at least 20% chloropicrin? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		
If Yes, if sensory irritation is experienced check which of the following be procedures will be followed:		
<input checked="" type="checkbox"/> Intend to cease operations or <input type="checkbox"/> Intend to continue operations with respiratory protection		
<b>Handler Tasks to be Monitored</b>	<b>Monitoring Equipment</b>	<b>Timing</b>
Monitor location where irritation was experienced	Draeger Pump: P/N 6400000 Draeger Tubes – MeBr 0.2/a, P/N 8103391. Chloropicrin 0.1/a, P/N 8103421	Wait 20 minutes, take MeBr and chloropicrin samples, wait 15 minutes, take another MeBr and chloropicrin sample. Continue sampling every 15 minutes until 2 consecutive sets are below trigger levels.
<b>For monitoring after tarp perforation is complete:</b>		
<b>Monitoring Equipment</b>	<b>Timing</b>	
<b>Not applicable</b>	<b>Not applicable</b>	
<b>For monitoring residential structures within the buffer zone prior to re-entry</b> (check here if section is not applicable <input type="checkbox"/> ):		
<b>Monitoring Equipment</b>	<b>Timing</b>	<b>Monitoring Location</b>

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Monitor for sensory irritation	Monitoring will occur at the end of the buffer zone period prior to re-entry to the residence.	Vacated residence at 3249 Shady Grove Lane, Silver Hill, FL 29892
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## XVI. 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 temperature
- Soil moisture
- Soil preparation

### **Bedded and Broadcast Shank Applications**

- Tarps
- Soil preparation
- Application depth and spacing
- Prevention of end row spillage
- Calibration, set-up, repair, and maintenance for application rigs

### **Tree Replant Application Using Handheld Equipment**

- Soil preparation
- Application depth
- System flush
- Soil sealing
  
- Hot gas applications to soil, potting mixes, and tobacco seedling trays
- Pre-plant soil fumigation in greenhouses
- Control of *Armillaria mellea* (oak root fungus) for orchard replant applications
- Non-tarp nematode control (only for deep shank orchard replant and hand held tree-hole application in CA)

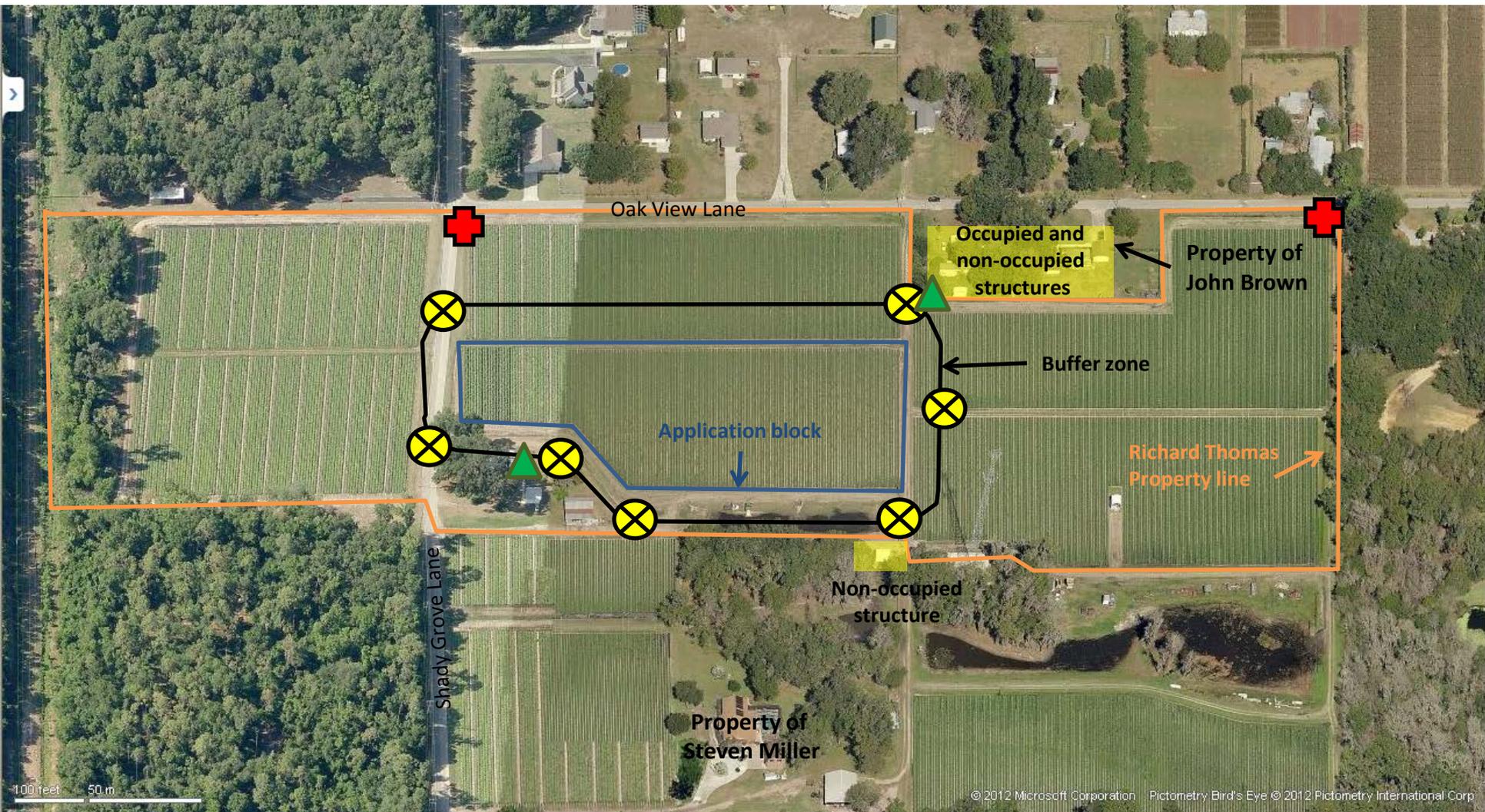
Description of other product specific GAPs from label that will be followed: **Not applicable**

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**

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-  Buffer zone sign
-  Evacuation point

 Monitoring location



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## 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)
<b>Joseph B. Smith</b> <b>6732 E. Bexhill Drive</b> <b>Tampa, FL 33601</b> <b>800-555-1212</b>	<b>Smith Applicators</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>800-555-1212</b>	<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 checked="" type="checkbox"/> 10 <input type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input checked="" type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator  PPE training date: <b>04/25/10</b>	<b>Respirator Information</b> (leave blank if "no respirator" is checked under PPE)  Make: <b>3M</b> Model: <b>6100</b> Type: <b>APR</b> Style: <b>Half-face</b> Size: <b>Small</b> Cartridge type: <b>3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>  Make: <b>3M</b> Model: <b>6700</b> Type: <b>APR</b> Style: <b>Full-face</b> Size: <b>Small</b> Cartridge type: <b>3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>  Make: <b>3M</b> Model: <b>Air-Mate 2000</b> Type: <b>SCBA</b> Style: <b>SCBA</b> Size: <b>Small</b> Cartridge type: <b>N/A</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>

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 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:**

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## 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)
<b>Tim Mottl</b> <b>222 Hannes Street</b> <b>Tampa, FL 33651</b> <b>800-555-1111</b>	<b>Smith Applicators</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>800-555-1212</b>	<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 checked="" type="checkbox"/> 10 <input type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Half-mask air-purifying respirator <input checked="" type="checkbox"/> Full-face air-purifying respirator <input checked="" type="checkbox"/> Self contained breathing apparatus <input type="checkbox"/> Other: <input type="checkbox"/> No respirator  PPE training date: <b>04/25/10</b>	<b>Respirator Information</b> (leave blank if "no respirator" is checked under PPE)  Make: <b>3M</b> Model: <b>6100</b> Type: <b>APR</b> Style: <b>Half-face</b> Size: <b>Small</b> Cartridge type: <b>3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>  Make: <b>3M</b> Model: <b>6700</b> Type: <b>APR</b> Style: <b>Full-face</b> Size: <b>Small</b> Cartridge type: <b>3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>  Make: <b>3M</b> Model: <b>Air-Mate 2000</b> Type: <b>SCBA</b> Style: <b>SCBA</b> Size: <b>Small</b> Cartridge type: <b>N/A</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>

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 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:**

# 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 (leave blank if "no respirator" is checked under PPE)
<b>Jeff Brennan</b> <b>333 Old Spring Road</b> <b>Tampa, FL 33621</b> <b>800-555-3333</b>	<b>Smith Applicators</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>800-555-1212</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" 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 type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Half-mask air-purifying respirator <input checked="" 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: <b>04/25/10</b>	<b>Respirator Information</b> (leave blank if "no respirator" is checked under PPE)
Make: <b>3M</b> Model: <b>6100</b> Type: <b>APR</b> Style: <b>Half-face</b> Size: <b>Small</b> Cartridge type: <b>3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>				
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Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:				

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 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
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**Comments/notes:**

# 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 (leave blank if "no respirator" is checked under PPE)
<b>Eric McNally</b> <b>9 Riverside Court</b> <b>Tampa, FL 33647</b> <b>800-555-9999</b>	<b>Smith Applicators</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>800-555-1212</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" 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 type="checkbox"/> 11	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Half-mask air-purifying respirator <input checked="" 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: <b>04/25/10</b>	<b>Respirator Information</b> (leave blank if "no respirator" is checked under PPE)
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				Make: <b>3M</b> Model: <b>6700</b> Type: <b>APR</b> Style: <b>Full-face</b> Size: <b>Small</b> Cartridge type: <b>3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges</b> Fit test date: <b>05/01/10</b> Training date: <b>05/01/10</b> Medical qualification date: <b>05/01/10</b>
				Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:

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 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:**

# 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 (leave blank if "no respirator" is checked under PPE)				
<b>Peter Hertz</b> <b>323 Crystal Drive</b> <b>Tampa, FL 33663</b> <b>800-555-0001</b>	<b>Joseph B. Smith</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>(Grower)</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" 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 checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear <input checked="" 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 checked="" type="checkbox"/> No respirator  PPE training date: <b>04/25/10</b>	<b>Respirator Information</b> (leave blank if "no respirator" is checked under PPE) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> <td style="width: 50%; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> </tr> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> <td style="width: 50%; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> </tr> </table>	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:
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Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:	Make: Model: Type: Style: Size: Cartridge 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.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;">           *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%; vertical-align: top; padding: 2px;">           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		
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<b>Comments/notes: Will stop work rather than use respirator if sensory irritation occurs. Will implement air monitoring plan described in Section XIII to determine when safe to resume work (i.e., air concentrations are below label trigger levels) or will contact Joe Smith (certified applicator supervising application) to determine when safe to resume work.</b>								

# 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 (leave blank if "no respirator" is checked under PPE)
<b>Chuck Ransom</b> <b>22 Snow Drive</b> <b>Tampa, FL 33672</b> <b>800-555-9001</b>	<b>Smith Applicators</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>800-555-1212</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" 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 checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear <input checked="" 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 checked="" type="checkbox"/> No respirator  PPE training date: <b>04/25/10</b>	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date: <hr/> Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date: <hr/> Make: Model: Type: Style: Size: Cartridge 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 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				
<b>Comments/notes:</b>				

# 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 (leave blank if "no respirator" is checked under PPE)
<b>George O'Toole</b> <b>22 Apple Court</b> <b>Tampa, FL 33601</b> <b>800-555-9091</b>	<b>Smith Applicators</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>800-555-1212</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" 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 checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear <input checked="" 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 checked="" type="checkbox"/> No respirator  PPE training date: <b>04/25/10</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">             Make:              Model:              Type:              Style:              Size:              Cartridge type:              Fit test date:              Training date:              Medical qualification date:           </div> <div style="border-bottom: 1px solid black; padding: 5px 0 5px 5px;">             Make:              Model:              Type:              Style:              Size:              Cartridge type:              Fit test date:              Training date:              Medical qualification date:           </div> <div style="padding: 5px 0 5px 5px;">             Make:              Model:              Type:              Style:              Size:              Cartridge type:              Fit test date:              Training date:              Medical qualification date:           </div>
<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling Information within the past 12 months.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 or removing tarps</p> <p>5. Repairing, or monitoring tarps until 14 days after the application is complete if tarps are not perforated and removed during those 14 days.</p> </div> <div style="width: 48%;"> <p>6. Monitoring fumigant air concentrations</p> <p>7. Handling or disposing of fumigant containers</p> <p>8. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues</p> <p>9. Installing, repairing, operating, or removing irrigation equipment in the application block or buffer zone</p> <p>10. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone</p> <p>11. Performing other WPS handling tasks</p> </div> </div>				
<b>Comments/notes:</b>				

# SAMPLE

## 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](#)

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

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
- 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 \_\_\_\_\_

# SAMPLE

## 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: <b>06/20/13 from 8:00 am to 12:00 pm</b>	EPA Registration Number: -	Fumigant Product Name:	
	<input checked="" type="checkbox"/> No change from the FMP	<input checked="" 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 checked="" type="checkbox"/> No change from the FMP	Application Rate (e.g., lbs or gallons of product/treated acre or broadcast equivalent rate): <b>160 lbs product/treated acre. This resulted in a larger buffer zone of 55 feet. [110 feet – (110 x 50% credit) = 55 feet buffer]</b>	Injection Depth (inches): <input checked="" type="checkbox"/> No change from the FMP	Application Block Size: <b>3 acres</b>
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: Daytime - <b>Sunny with a high of 82 °F. Evening – Partly cloudy with a low of 68 °F.</b> Wind Speed: <b>ESE 9 mph</b> Air-Stagnation Advisories: <b>none</b>			
Tarp Damage and Repair (check here if section is not applicable <input type="checkbox"/> )			
Date of tarp damage discovery: <b>06/21/13</b>			
Location and size of tarp damage: <b>north east corner of application block</b>			
Description of tarp/tarp seal/tarp equipment failure: <b>2 foot tear</b>			
Date and time tarp repair was completed: <b>06/21/13 at 10:15 am</b>			
Additional comments or other deviations from FMP (if applicable): <b>no complaints received</b>			
Tarp Perforation/Removal (check here if section is not applicable <input type="checkbox"/> )			
Date and time tarps were perforated: <b>06/25/13 at noon</b>		Date and time tarps were removed:	
Were tarps perforated and/or removed early? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, describe the conditions that led to the early tarp perforation and/or removal:			
Complaints (check here if section is not applicable <input type="checkbox"/> )			
Person filing complaint: <input checked="" 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: <b>Application equipment and tarps were checked and no problems were noted.</b>			
Additional comments: <b>Shoveler reported nausea and burning eyes during application.</b>			
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 (include contact information for person(s) affected):			
Communication Between Applicator, Owner, and Other On-site Handlers (check if no changes from the FMP <input checked="" 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 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):			
Posting Signs – Fumigant Treated Area and Buffer Zone			
Date(s) of Fumigant Treated Area sign posting: <b>06/20/13</b>		Date(s) of Fumigant Treated Area sign removal: <b>06/27/13</b>	
Date(s) of Buffer Zone sign posting: <b>06/20/13</b>		Date(s) of Buffer Zone sign removal: <b>06/23/13</b>	
Description of deviations from FMP (if applicable):			
Handler Information for Changes Since the FMP			

# SAMPLE

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: **George O'Toole did not report for work and Tim Leahy took his place. Tim Leahy's handler information is attached to the post application summary.**

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

# 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 (leave blank if "no respirator" is checked under PPE)				
<b>Tim Leahy</b> <b>22 Glen Allen Lane</b> <b>Tampa, FL 33615</b> <b>800-555-9291</b>	<b>Smith Applicators</b> <b>1562 Burke Avenue</b> <b>Troy, FL 29892</b> <b>800-555-1212</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" 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 checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear <input checked="" 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 checked="" type="checkbox"/> No respirator  PPE training date: <b>04/30/10</b>	<b>Respirator Information</b> (leave blank if "no respirator" is checked under PPE) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> <td style="width: 50%; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> </tr> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> <td style="width: 50%; padding: 2px;">               Make:                Model:                Type:                Style:                Size:                Cartridge type:                Fit test date:                Training date:                Medical qualification date:             </td> </tr> </table>	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:	Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:
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<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling Information within the past 12 months.								
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<b>Comments/notes:</b>								

# SAMPLE

## 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 checked="" type="checkbox"/> sensory irritation: <b>06/20/13 10:05 am</b> <input type="checkbox"/> sample with direct read detection device:	Tim Mottl	Shoveler	NW corner of application		<input checked="" type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Implement emergency response plan Comments/Other:
<input type="checkbox"/> sensory irritation: <input checked="" type="checkbox"/> sample with direct read detection device: <b>06/20/13 10:25 am</b>	Tim Mottl	Shoveler	NW corner of application	MeBr 1.5 ppm	<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 checked="" type="checkbox"/> sample with direct read detection device: <b>06/20/13 11:05 am</b>	Tim Mottl	Shoveler	NW corner of application	MeBr <1 ppm Pic 0.1 ppm	<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 checked="" type="checkbox"/> sample with direct read detection device: <b>06/20/13 11:25 am</b>	Tim Mottl	Shoveler	NW corner of application	MeBr <1 ppm Pic = ND	<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:
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<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:

# SAMPLE

					Comments/Other:
<b>Additional Comments: ND = Non Detect</b> <b>Handler reported sensory irritation while shoveling. Since MeBr air concentration was greater than 1 ppm, no samples for Pic were collected. The application was stopped and 2 handlers wearing full-face respirators entered the field. A hose on the application rig was loose and repaired. The application resumed at 11:40 am.</b>					

# SAMPLE

## 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
06/22/13 at 2:00 pm	3249 Shady Grove Lane, Silver Hill, FL 29892	MeBr < 1 ppm Pic - Non detect	<input checked="" 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
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<b>Additional Comments:</b>			