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:
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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone number:</th>
<th>License and/or certificate number:</th>
<th>Commercial applicator</th>
<th>Private applicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph B. Smith</td>
<td>800-555-1212</td>
<td>3267-89B</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Thomas</td>
<td>Strawberry Shortcake Farms, 3249 Shady Grove Lane, Silver Hill, FL 29892</td>
<td>800-555-3232</td>
</tr>
</tbody>
</table>

IV. Recordkeeping

☑ The owner of the application block has been informed that he/she, as well as the certified applicator, must keep a signed copy of the site-specific FMP and the post-application summary for 2 years from the date of application.

V. General Application Information

Target application date/window: 06/15/13 – 07/01/13
EPA registration number: 11220-7
Fumigant product name: Tri-Con 67/33

Identify if application:
☑ Qualifies for a critical use exemption (CUE) at time of application and is listed in Table 1,
☐ Qualifies for a quarantine exemption and is listed in Table 2, or
☐ 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 (Armillaria mellea) and/or endoparasitic nematodes such as root-knot (Meloidogyne spp.), dagger (Xiphinema spp.), ring (Cricnomoideis spp.), lesion (Pratylenchus spp.), and pin (Paratylenchus spp.) nematodes for orchard replant: Not applicable
Fusarium, Macrophomina, and/or Verticillum for strawberry fruit: Not applicable

VI. Buffer Zones

Application method:
☒ Tarp bedded
☐ Tarp broadcast
☐ Deep untarp broadcast (CA only)
☐ Hot gas – outdoor
☐ Hot gas – greenhouse
☐ 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):
☒ 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
☐ Potassium thiosulfate: 0% credit
☒ Organic matter content: 1% (measurement), 10% credit
☐ Clay content: (measurement), 0% credit
☐ Soil temperature: (measurement), 0% credit
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?  
☐ Yes  ☑ No

If yes, indicate which option will be used
☐ The buffer zone period will begin at the start of the application and end after the tarps have been removed from the application block.
☐ Two buffer zone periods will be established where the first buffer zone period will 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?  
☐ Yes  ☑ No

If yes, describe the areas and attach the written agreement to the FMP. Not applicable

VII. Emergency Response Plan

Description of evacuation routes (a diagram or drawing may be attached to the FMP): Evacuate upwind to either the corner of Oak View Lane & Shady Grove Lane or Oak View Lane at NW corner of property.  
☐ 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.

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 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.

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

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:  ☒ mechanical: tractor drawn equipment  ☐ hand:
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.

### XI. Soil Conditions

**Soil Texture:** sandy loam

**Soil Temperature:** Has the air temperature been above 100°F in any of the 3 days prior to application? [ ] Yes or [X] 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 [☐]
- Instrument [☐]
- Other [☐]

<table>
<thead>
<tr>
<th>USDA Feel and Appearance Method</th>
<th>Instrument</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of soil: moderately coarse</td>
<td>Instrument used:</td>
<td>Describe method:</td>
</tr>
<tr>
<td>Percent water capacity estimate: 50-75%</td>
<td>Percent water capacity:</td>
<td></td>
</tr>
</tbody>
</table>

### XII. Posting Signs – Fumigant Treated Area and Buffer Zone

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.

### XIII. Emergency Preparedness and Response Measures (check here if section is not applicable [☐])

If Emergency Preparedness and Response Measures are triggered, check the option below that will be used:

- [☐] Fumigant site monitoring or [ ] Response information for neighbors

Fumigant site monitoring (if applicable)

List when and where it will be conducted:

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:

1. on the day of the application 1 hour before sunset
2. around 10 pm that evening
3. the next day about 1 hour after sunrise
4. around 2 pm the day following the application
5. 1 hour before sunset on the day following the application
6. around 10 pm on the evening following the day of the application
7. on the second day after the application around 1 hour after sunrise
8. on the second day after the application around 2 pm.

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:

### XIV. State and/or Tribal Lead Agency Advance Notification (check here if section is not applicable [☐])

Date notified:

Person notified:

### XV. Air Monitoring Plan

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? [☐] Yes or [ ] No

If Yes, if sensory irritation is experienced check which of the following be procedures will be followed:

- [☐] Intend to cease operations or [ ] Intend to continue operations with respiratory protection

**Handler Tasks to be Monitored**

<table>
<thead>
<tr>
<th>Monitoring Equipment</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draeger Pump: P/N 6400000</td>
<td>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.</td>
</tr>
<tr>
<td>Draeger Tubes – MeBr 0.2/a, P/N 8103391. Chloropicrin 0.1/a, P/N 8103421</td>
<td></td>
</tr>
</tbody>
</table>

**For monitoring after tarp perforation is complete:**

<table>
<thead>
<tr>
<th>Monitoring Equipment</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**For monitoring residential structures within the buffer zone prior to re-entry (check here if section is not applicable [☐]):**

<table>
<thead>
<tr>
<th>Monitoring Equipment</th>
<th>Timing</th>
<th>Monitoring Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>
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

### 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.

<table>
<thead>
<tr>
<th>General</th>
<th>Bedded and Broadcast Shank Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>🆒 Tarps</td>
<td>🆒 Tarps</td>
</tr>
<tr>
<td>🆒 Weather conditions</td>
<td>🆒 Soil preparation</td>
</tr>
<tr>
<td>🆒 Soil temperature</td>
<td>🆒 Application depth and spacing</td>
</tr>
<tr>
<td>🆒 Soil moisture</td>
<td>🆒 Prevention of end row spillage</td>
</tr>
<tr>
<td>🆒 Soil preparation</td>
<td>🆒 Calibration, set-up, repair, and maintenance for application rigs</td>
</tr>
</tbody>
</table>

### 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
Evacuation point

Buffer zone sign

Monitoring location

Buffer zone

Occupied and non-occupied structures

Application block

Non-occupied structure

Property line

Richard Thomas

Property of John Brown

Oak View Lane

Property of Steven Miller

Property of John Brown

Shady Grove Lane

Non-occupied structure
### Handler (including certified applicator) Information and PPE

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if &quot;no respirator&quot; is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph B. Smith 6732 E. Bexhill Drive</td>
<td>Smith Applicators 1562 Burke Avenue Troy, FL 29892 800-555-1212</td>
<td>☑️ 1 ☑️ 2 ☑️ 3 ☑️ 4 ☑️ 5 ☑️ 6 ☑️ 7 ☑️ 8 ☑️ 9 ☑️ 10 ☑️ 11</td>
<td>☑️ Long-sleeved shirt/long-pants, shoes, socks ☑️ Chemical-resistant apron ☑️ Chemical-resistant footwear ☑️ Protective eyewear (NOT goggles) ☑️ Chemical-resistant gloves ☑️ Half-mask air-purifying respirator ☑️ Full-face air-purifying respirator ☑️ Self contained breathing apparatus ☑️ Other: ☑️ No respirator</td>
<td>☑️ Make: 3M ☑️ Model: 6100 ☑️ Type: APR ☑️ Style: Half-face ☑️ Size: Small ☑️ Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges ☑️ Fit test date: 05/01/10 ☑️ Training date: 05/01/10 ☑️ Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td>Tampa, FL 33601 800-555-1212</td>
<td>195 Smith Applicators 1562 Burke Avenue Troy, FL 29892 800-555-1212</td>
<td>☑️ 1 ☑️ 2 ☑️ 3 ☑️ 4 ☑️ 5 ☑️ 6 ☑️ 7 ☑️ 8 ☑️ 9 ☑️ 10 ☑️ 11</td>
<td>☑️ Makes: 3M ☑️ Model: 6700 ☑️ Type: APR ☑️ Style: Full-face ☑️ Size: Small ☑️ Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges ☑️ Fit test date: 05/01/10 ☑️ Training date: 05/01/10 ☑️ Medical qualification date: 05/01/10</td>
<td></td>
</tr>
<tr>
<td>800-555-1212</td>
<td>195 Smith Applicators 1562 Burke Avenue Troy, FL 29892 800-555-1212</td>
<td>☑️ 1 ☑️ 2 ☑️ 3 ☑️ 4 ☑️ 5 ☑️ 6 ☑️ 7 ☑️ 8 ☑️ 9 ☑️ 10 ☑️ 11</td>
<td>☑️ Make: 3M ☑️ Model: Air-Mate 2000 ☑️ Type: SCBA ☑️ Style: SCBA ☑️ Size: Small ☑️ Cartridge type: N/A ☑️ Fit test date: 05/01/10 ☑️ Training date: 05/01/10 ☑️ Medical qualification date: 05/01/10</td>
<td></td>
</tr>
</tbody>
</table>

*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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**Page ___ of ____**
## Handler (including certified applicator) Information and PPE

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if &quot;no respirator&quot; is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Mottl</td>
<td>Smith Applicators</td>
<td>☑️ 1</td>
<td>☑️ Long-sleeved shirt/long-pants, shoes, socks</td>
<td>Make: 3M Model: 6100 Type: APR Style: Half-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/01/10 Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td>222 Hannes Street</td>
<td>1562 Burke Avenue</td>
<td>☑️ 2</td>
<td>☑️ Chemical-resistant apron</td>
<td>Make: 3M Model: 6700 Type: APR Style: Full-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/01/10 Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td>Tampa, FL 33651</td>
<td>Troy, FL 29892</td>
<td>☑️ 3</td>
<td>☑️ Chemical-resistant footwear</td>
<td>Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: N/A Fit test date: N/A Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td>800-555-1111</td>
<td>800-555-1212</td>
<td>☑️ 4</td>
<td>☑️ Protective eyewear (NOT goggles)</td>
<td>Make: 3M Model: 6100 Type: APR Style: Half-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/01/10 Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td>☑️ 5</td>
<td>☑️ 6</td>
<td>☑️ 7</td>
<td>☑️ Chemical-resistant gloves</td>
<td>Make: 3M Model: 6700 Type: APR Style: Full-face Size: Small Cartridge type: 3M Model 60928 Organic Vapor/Acid Gas/P100 cartridges Fit test date: 05/01/10 Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td>☑️ 8</td>
<td>☑️ 9</td>
<td>☑️ 10</td>
<td>☑️ Half-mask air-purifying respirator</td>
<td>Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: N/A Fit test date: N/A Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td>☑️ 11</td>
<td></td>
<td></td>
<td>☑️ Full-face air-purifying respirator</td>
<td>Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: N/A Fit test date: N/A Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☑️ Self contained breathing apparatus</td>
<td>Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: N/A Fit test date: N/A Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☑️ Other:</td>
<td>Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: N/A Fit test date: N/A Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ No respirator</td>
<td>Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: N/A Fit test date: N/A Training date: 05/01/10 Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑️ PPE training date: 04/25/10</td>
<td>Make: 3M Model: Air-Mate 2000 Type: SCBA Style: SCBA Size: Small Cartridge type: N/A Fit test date: N/A Training date: 05/01/10 Medical qualification date: 05/01/10</td>
<td></td>
</tr>
</tbody>
</table>

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

*1. Loaders, drivers, tractor co-pilots, shovelfers, cross-ditchers, or other direct application participants
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<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Brennan</td>
<td>Smith Applicators</td>
<td>☑ 1</td>
<td>✗ Long-sleeved shirt/long-pants, shoes, socks</td>
<td>Make: 3M</td>
</tr>
<tr>
<td>333 Old Spring Road</td>
<td>1562 Burke Avenue</td>
<td>☑ 2</td>
<td>✗ Chemical-resistant apron</td>
<td>Model: 6100</td>
</tr>
<tr>
<td>Tampa, FL 33621</td>
<td>Troy, FL 29892</td>
<td>☑ 3</td>
<td>✗ Chemical-resistant footwear</td>
<td>Type: APR</td>
</tr>
<tr>
<td>800-555-3333</td>
<td>800-555-1212</td>
<td>☑ 4</td>
<td>✗ Protective eyewear (NOT goggles)</td>
<td>Style: Half-face</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 5</td>
<td>✗ Chemical-resistant gloves</td>
<td>Size: Small</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 6</td>
<td>✗ Half-mask air-purifying respirator</td>
<td>Cartridge type: 3M Model 60928</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 7</td>
<td>✗ Full-face air-purifying respirator</td>
<td>Organic Vapor/Acid Gas/P100 cartridges</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 8</td>
<td>✗ Self contained breathing apparatus</td>
<td>Fit test date: 05/01/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 9</td>
<td>✗ Other:</td>
<td>Training date: 05/01/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 10</td>
<td>✗ No respirator</td>
<td>Medical qualification date: 05/01/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PPE training date: 04/25/10</td>
<td></td>
</tr>
</tbody>
</table>

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

*1: Loaders, drivers, tractor co-pilots, shovellers, 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:**
<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
</table>
| **Eric McNally**                      | **Smith Applicators**                    | ☑ 1 2 3 ☑ 4 5 ☑ 6 ☑ 7 ☑ 8 ☑ 9 ☑ 10 ☑ 11                                      | ☑ Long-sleeved shirt/long-pants, shoes, socks | Make: 3M  
Model: 6100  
Type: APR  
Style: Half-face  
Size: Small  
Cartridge type: 3M Model 60928  
Organic Vapor/Acid Gas/P100 cartridges  
Fit test date: 05/01/10  
Training date: 05/01/10  
Medical qualification date: 05/01/10 |
| 9 Riverside Court  
Tampa, FL 33647  
800-555-9999       | 1562 Burke Avenue  
Troy, FL 29892  
800-555-1212        |                                                                                   | ☑ Chemical-resistant apron  
☑ Chemical-resistant footwear  
☑ Protective eyewear (NOT goggles)  
☑ Chemical-resistant gloves  
☑ Half-mask air-purifying respirator  
☑ Full-face air-purifying respirator  
☑ Self contained breathing apparatus  
☑ Other:  
☑ No respirator | Make: 3M  
Model: 6700  
Type: APR  
Style: Full-face  
Size: Small  
Cartridge type: 3M Model 60928  
Organic Vapor/Acid Gas/P100 cartridges  
Fit test date: 05/01/10  
Training date: 05/01/10  
Medical qualification date: 05/01/10 |

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11. Performing other WPS handling tasks

Comments/notes:
The above handler has received Fumigant Safe Handling Information within the past 12 months.

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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.

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Hertz 323 Crystal Drive Tampa, FL 33663 800-555-0001</td>
<td>Joseph B. Smith 1562 Burke Avenue Troy, FL 29892 (Grower)</td>
<td>☒ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☒ 11</td>
<td>☒ Long-sleeved shirt/long-pants, shoes, socks ☐ Chemical-resistant apron ☐ Chemical-resistant footwear ☒ Protective eyewear (NOT goggles) ☐ Chemical-resistant gloves ☐ Half-mask air-purifying respirator ☐ Full-face air-purifying respirator ☐ Self contained breathing apparatus ☐ Other: ☒ No respirator</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:</td>
</tr>
</tbody>
</table>

PPE training date: 04/25/10
# Handler (including certified applicator) Information and PPE

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform(^*) (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chuck Ransom</td>
<td>Smith Applicators</td>
<td>☑ 1</td>
<td>☒ Long-sleeved shirt/long-pants, shoes, socks</td>
<td>Make:</td>
</tr>
<tr>
<td>22 Snow Drive</td>
<td>1562 Burke Avenue</td>
<td>☑ 2</td>
<td>☒ Chemical-resistant apron</td>
<td>Model:</td>
</tr>
<tr>
<td>Tampa, FL 33672</td>
<td>Troy, FL 29892</td>
<td>☑ 3</td>
<td>☒ Chemical-resistant footwear</td>
<td>Type:</td>
</tr>
<tr>
<td>800-555-9001</td>
<td>800-555-1212</td>
<td>☑ 4</td>
<td>☒ Protective eyewear (NOT goggles)</td>
<td>Style:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 5</td>
<td>☒ Chemical-resistant gloves</td>
<td>Size:</td>
</tr>
<tr>
<td></td>
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<td>☒ Half-mask air-purifying respirator</td>
<td>Cartridge type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 7</td>
<td>☒ Full-face air-purifying respirator</td>
<td>Fit test date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 8</td>
<td>☒ Self contained breathing apparatus</td>
<td>Training date:</td>
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<td></td>
<td></td>
<td>☑ 9</td>
<td>Other:</td>
<td>Medical qualification date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 10</td>
<td>☒ No respirator</td>
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</tr>
<tr>
<td></td>
<td></td>
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<td>PPE training date: 04/25/10</td>
<td></td>
</tr>
</tbody>
</table>

\(\checkmark\) 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
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**Comments/notes:**
# Handler (including certified applicator) Information and PPE

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<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>George O'Toole</td>
<td>Smith Applicators</td>
<td>☑ 1 ☑ 2 ☑ 3 ☑ 4 ☑ 5 ☑ 6 ☑ 7 ☑ 8 ☑ 9 ☑ 10 ☑ 11</td>
<td>☑ Long-sleeved shirt/long-pants, shoes, socks ☑ Chemical-resistant apron ☑ Chemical-resistant footwear ☑ Protective eyewear (NOT goggles) ☑ Chemical-resistant gloves ☑ Half-mask air-purifying respirator ☑ Full-face air-purifying respirator ☑ Self contained breathing apparatus ☑ Other: ☑ No respirator</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical qualification date:</td>
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Comments/notes:
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__________________
**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: **06/20/13 from 8:00 am to 12:00 pm** | EPA Registration Number: - | Fumigant Product Name: - |

- No change from the FMP
- No change from the FMP

| Application method: | Application Rate (e.g., lbs or gallons of product/treated acre or broadcast equivalent rate): 160 lbs product/treated acre. This resulted in a larger buffer zone of 55 feet. [110 feet – (110 x 50% credit) = 55 feet buffer] | Injection Depth (inches): | Application Block Size: 3 acres |
| Tarp bedded | - | - | - |
| Tarp broadcast | - | - | - |
| Deep untarp broadcast (CA only) | - | - | - |
| Hot gas – outdoor | - | - | - |
| Hot gas – greenhouse | - | - | - |
| Hand held probes (tree hole) | - | - | - |

| **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): | |

- Check here if printed copy is attached to the post-application summary or complete the following:

  - National Weather Service weather forecast: Daytime - **Sunny with a high of 82 °F.** Evening – **Partly cloudy with a low of 68 °F.**
  - Wind Speed: **ESE 9 mph**
  - Air-Stagnation Advisories: **none**

| **Tarp Damage and Repair** (check here if section is not applicable) | |
| Date of tarp damage discovery: **06/21/13** | |
| Location and size of tarp damage: **north east corner of application block** | |
| Description of tarp/tarp seal/tarp equipment failure: 2 foot tear | |
| Date and time tarp repair was completed: **06/21/13 at 10:15 am** | |

| **Additional comments or other deviations from FMP (if applicable):** **no complaints received** | |

| **Tarp Perforation/Removal** (check here if section is not applicable) | |
| Date and time tarps were perforated: **06/25/13 at noon** | Date and time tarps were removed: |
| Were tarps perforated and/or removed early? | Yes ☑ No | |

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

| **Complaints** (check here if section is not applicable) | |
| Person filing complaint: | |
| ☑ On-site handler ☐ Person off-site | |
| If off-site person, name, address, and phone number of person filing complaints: | |
| Description of control measures or emergency procedures followed after complaint: | **Application equipment and tarps were checked and no problems were noted.** |

| **Additional comments:** **Shovel reported nausea and burning eyes during application.** | |

| **Description of Incidents** (check here if section is not applicable) | |
| Description of incident, equipment failure, or other emergency: | Date and time: |
| Description of emergency procedures followed: | |
| Was the incident reported to the state agency? | Yes ☑ No | |

| **Communication Between Applicator, Owner, and Other On-site Handlers** (check if no changes from the FMP) | |
| Was the certified applicator at the application block during all handler activities that took place after the application was completed until the entry restricted period expired? | Yes ☑ No | Date contacted: |

- If no, list the names and phone numbers of persons contacted:

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

| **Posting Signs – Fumigant Treated Area and Buffer Zone** | | |
| Date(s) of Fumigant Treated Area sign posting: **06/20/13** | Date(s) of Fumigant Treated Area sign removal: **06/27/13** | |
| Date(s) of Buffer Zone sign posting: **06/20/13** | Date(s) of Buffer Zone sign removal: **06/23/13** | |

| 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)?  ☑ 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)

<table>
<thead>
<tr>
<th>Other Deviations from the FMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

_____________________________________________                              _________________________
Signature of certified applicator that supervised the application               Date
### Handler (including certified applicator) Information and PPE

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Leahy</td>
<td>Smith Applicators</td>
<td>☑ 1</td>
<td>☑ Long-sleeved shirt/long-pants, shoes, socks</td>
<td>Make:</td>
</tr>
<tr>
<td>22 Glen Allen Lane</td>
<td>1562 Burke Avenue</td>
<td>☑ 2</td>
<td>☑ Chemical-resistant apron</td>
<td>Model:</td>
</tr>
<tr>
<td>Tampa, FL 33615</td>
<td>Troy, FL 29892</td>
<td>☑ 3</td>
<td>☑ Chemical-resistant footwear</td>
<td>Type:</td>
</tr>
<tr>
<td>800-555-9291</td>
<td>800-555-1212</td>
<td>☑ 4</td>
<td>☑ Protective eyewear (NOT goggles)</td>
<td>Style:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 5</td>
<td>☑ Chemical-resistant gloves</td>
<td>Size:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ 6</td>
<td>☑ Half-mask air-purifying respirator</td>
<td>Cartridge type:</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>☑ 8</td>
<td>☑ Self contained breathing apparatus</td>
<td>Training date:</td>
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<td>☑ Other:</td>
<td>Medical qualification date:</td>
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<tr>
<td></td>
<td></td>
<td>☑ 10</td>
<td>☑ No respirator</td>
<td></td>
</tr>
<tr>
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<td>☑ 11</td>
<td>PPE training date: <strong>04/30/10</strong></td>
<td></td>
</tr>
</tbody>
</table>

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Comments/notes:
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Handler Name</th>
<th>Handler Task/Activity</th>
<th>Handler Location (where irritation is observed or where sample is taken)</th>
<th>Air Concentration Measurements (for sample results)</th>
<th>Resulting Action/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ sensory irritation: 06/20/13 10:05 am</td>
<td>Tim Mottl</td>
<td>Shoveler</td>
<td>NW corner of application</td>
<td></td>
<td>☑ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:</td>
</tr>
<tr>
<td>☑ sensory irritation: 06/20/13 10:25 am</td>
<td>Tim Mottl</td>
<td>Shoveler</td>
<td>NW corner of application</td>
<td>MeBr 1.5 ppm</td>
<td>☑ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:</td>
</tr>
<tr>
<td>☑ sensory irritation: 06/20/13 11:05 am</td>
<td>Tim Mottl</td>
<td>Shoveler</td>
<td>NW corner of application</td>
<td>MeBr &lt;1 ppm Pic 0.1 ppm</td>
<td>☑ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:</td>
</tr>
<tr>
<td>☑ sensory irritation: 06/20/13 11:25 am</td>
<td>Tim Mottl</td>
<td>Shoveler</td>
<td>NW corner of application</td>
<td>MeBr &lt;1 ppm Pic = ND</td>
<td>☑ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:</td>
</tr>
<tr>
<td>Additional Comments:</td>
<td>ND = Non Detect</td>
<td></td>
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</tr>
<tr>
<td>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.</td>
<td>Comments/Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Date/Time</td>
<td>Sample Location</td>
<td>Air Concentration</td>
<td>Resulting Action</td>
<td></td>
<td></td>
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<tr>
<td>------------------</td>
<td>-----------------------------------------</td>
<td>---------------------</td>
<td>----------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/22/13 at 2:00 pm</td>
<td>3249 Shady Grove Lane, Silver Hill, FL 29892</td>
<td>MeBr &lt; 1 ppm</td>
<td>☑ Structure cleared for re-entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pic - Non detect</td>
<td>☐ Structure NOT cleared for re-entry</td>
<td></td>
<td></td>
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<td></td>
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Additional Comments: