PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY
(CHLOROPICRIN ONLY PRODUCTS)

Post Application Summary Elements:

General Application Information

Weather Conditions

Tarp Damage and Repair

Tarp Perforation/Removal

Complaints

Description of Incidents

Communication Between Applicator, Owner, and Other On-site Handlers

Posting Signs – Fumigant Treated Area and Buffer Zone

Handler Information for Changes Since the FMP

Other Deviations from the FMP

Attachments:

Check the boxes if the information below is attached to the Post Application Summary (e.g., there are changes from the FMP or monitoring information has been recorded. Attachments that are not applicable do not need to be included in the final Post Application Summary).

☐ Handler Information (for changes since the FMP)

☐ Air Monitoring Results

☐ Drip Application Monitoring Results

☐ Other: _____

PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY
(CHLOROPICRIN ONLY PRODUCTS)
(Only fill-in information if it is different from the FMP or where the label requires that measurements/information are recorded in the post-application summary)

General Application Information			
Application date and time:	Application Rate (e.g., lbs or gallons of product/treated acre or broadcast equivalent rate):	Application Block Size:	
Application method: ☐ Tarp strip ☐ Tarp bedded ☐ Tarp broadcast ☐ Untarp bedded ☐ Untarp broadcast ☐ Deep untarp broadcast ☐ Tarp drip ☐ Untarp buried drip ☐ Hand held probes (tree hole) ☐ No change from the FMP	EPA Registration Number: ☐ No change from the FMP	Fumigant Product Name: ☐ No change from the FMP	Injection Depth (inches): ☐ No change from the FMP

Weather Conditions
Summary of the National Weather Service weather forecast (including wind speed and air stagnation advisories, if applicable) during the application and the 48-hours after the application is complete (a printed copy may be attached to the post-application summary): ☐ Check here if printed copy is attached to the post-application summary or complete the following: National Weather Service weather forecast: Wind Speed: Air-Stagnation Advisories:

Tarp Damage and Repair   (check here if section is not applicable ☐)
Date of tarp damage discovery:
Location and size of tarp damage:
Description of tarp/tarp seal/tarp equipment failure:
Date and time tarp repair was completed:
Additional comments or other deviations from FMP (if applicable): \

Tarp Perforation/Removal (check here if section is not applicable ☐)	
Date and time tarps were perforated:	Date and time tarps were removed:
Were tarps perforated and/or removed early? ☐ Yes ☐ No If yes, describe the conditions that led to the early tarp perforation and/or removal:	

Complaints (check here if section is not applicable ☐)	
Person filing complaint: ☐ On-site handler ☐ Person off-site	If off-site person, name, address, and phone number of person filing complaint:
Description of control measures or emergency procedures followed after complaint:	
Additional comments:	

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

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 If no, list the names and phone numbers of persons contacted:	Date 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:	Date(s) of Fumigant Treated Area sign removal:
Date(s) of Buffer Zone sign posting:	Date(s) of Buffer Zone sign removal:
Description of deviations from FMP (if applicable):	

Handler Information for Changes Since the FMP

Have there been any changes to the handler information since the FMP was completed (including handlers that were on-site that were not listed in FMP)? ☐ Yes ☐ No If yes, the updated handler information must be attached to the post application summary ==(use EPA's Microsoft Word or PDF version of the handler information template)==

Other Deviations from the FMP

Additional comments/notes:

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

_____   _____

Signature of certified applicator that supervised the application   **Date**

Handler (including certified applicator) Information and PPE

Handler Name, Address, and Phone Number	Employer Name, Address, and Phone Number	Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)	PPE (check all that apply)	Respirator Information (leave blank if "no respirator" is checked under PPE)
		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 _____	☐ Long-sleeved shirt/long-pants, shoes, socks ☐ Chemical-resistant apron ☐ Chemical-resistant footwear and socks ☐ Protective eyewear (NOT goggles) ☐ Chemical-resistant gloves ☐ Air-purifying respirator ☐ Self contained breathing apparatus ☐ Other: _____ ☐ No respirator PPE training date: _____	Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date: Make: Model: Type: Style: Size: Cartridge/canister 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:

Drip Application Monitoring Results

Inspection Date/Time	Name(s) of Person(s) Monitoring	Equipment Properly Functioning (Yes or No)	Comments/Description of Corrective Action Taken (if needed)
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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
☐ sensory irritation: ☐ sample with direct read detection device:					☐ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:
☐ sensory irritation: ☐ sample with direct read detection device:					☐ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:
☐ sensory irritation: ☐ sample with direct read detection device:					☐ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:
☐ sensory irritation: ☐ sample with direct read detection device:					☐ Cease operations ☐ Respiratory protection ☐ Implement emergency response plan Comments/Other:

Additional Comments: