PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (METAM SODIUM / METAM POTASSIUM 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 Zones

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
Water Run Application Monitoring Results
Other:

PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY (METAM SODIUM / METAM POTASSIUM 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: Center Pivot/Lateral Move Irrigation - High Release Equipment Center Pivot/Lateral Move Irrigation - Medium Release Equipment Center Pivot/Lateral Move Irrigation - Low Release Equipment Solid Set Sprinkler Drench Drip Flood Basin, Furrow and Border Shank Spray Blade	EPA Registration Number:	Fumigant Product Name:	Injection Depth (inches):		
☐ Spray-on and Irrigate ☐ Rotary Tiller ☐ Weed Sprayer ☐ No change from the FMP	☐ No change from the FMP	☐ No change from the FMP	☐ 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 tarps were removed:		
bute and time tarps were periorated.	Dute 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	l/or removal:		
Complaints (check here if section is not applicable ☐) Person filing complaint: If off-site person, nar	ne, address, and phone number of person filing complaints:		
On-site handler Person off-site	ne, address, and phone number of person fining complaints.		
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?			
Advisor			
Additional comments:			
Communication Between Applicator, Owner, and Other On-site H	andlers (check if no changes from	the FMP ()	
Was the certified applicator at the application block during all handler activities that took place from Date contacted:			
the beginning of the application until the entry restricted period expired	!? ∐Yes ∐No		
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:	Date(s) of Fumigant Treated Are	a cian ramoval:	
Date(s) of Fullingant Treated Area sign posting.	Date(s) of Fullingalit Treated Are	a sign temovar.	

Date(s) of Buffer Zone sign posting:	Date(s) of Buffer Zone sign removal:
Description of deviations from FMP (if applicable):	<u> </u>
Tr	
Handler Information for Changes Since the FMP	
Have there been any changes to the handler information since the FMF	
listed in FMP)? Yes No If yes, the updated handler information	on 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:	
The second control of	
I have verified that this post application summary reflects the actual sit description of deviations from the FMP (if applicable).	e conditions that occurred during the fumigation and is an accurate
atternation of definations from the First (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)
		<u> </u>	Long-sleeved shirt/long-pants, shoes, socks	Make:
		□ 2	Chemical-resistant apron	Model: Type:
		□ 3	Chemical-resistant footwear and socks	Style:
		□ 4	Protective eyewear (NOT goggles)	Size: Cartridge/canister type:
		□ 5	Chemical-resistant gloves	Fit test date:
		6	☐ Air-purifying respirator	Training date:
		7	Self contained breathing apparatus	Medical qualification date: Make:
		8	Other:	Model:
			☐ No respirator	Type: Style:
			I No respirator	Size:
		10	DDE	Cartridge/canister type: Fit test date:
		11	PPE training date:	Training date:
				Medical qualification date:
				Make: Model:
				Type:
				Style:
				Size: Cartridge/canister type:
				Fit test date:
				Training date:
The above handler has received	<u>l</u> 1 Fumigant Safe Handling Int	l formation within the past 12	l 2 months.	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 until14 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:				

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:					

Water Run 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	