

**2010 SOIL FUMIGANT MANAGEMENT PLAN  
(CHLOROPICRIN/IODOMETHANE PRODUCTS)**

**FMP Elements:**

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**2010 SOIL FUMIGANT MANAGEMENT PLAN (CHLOROPICRIN/IODOMETHANE PRODUCTS)****I. Certified Applicator Supervising the Fumigation**

Name:	Phone number:	License and/or certificate number:	<input type="checkbox"/> Commercial applicator  <input type="checkbox"/> Private applicator
Employer name:	Employer address:		

**II. General Site Information**

Application block/field location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates:

☐ Diagrams/maps have been attached to the FMP.

Are there nursing homes, hospitals, prisons, licensed schools, licensed day care facilities, or licensed assisted living facilities (licensed by state or local government) within a ¼ mile of the application block? ☐ Yes ☐ No

If yes, describe how it was determined that the above sites would be unoccupied during the buffer zone period.

**III. Owner/operator of Application Block**

Name:	Address:	Phone number:
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**IV. Recordkeeping**

☐ The owner/operator 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:	EPA Registration Number:	Fumigant Product Name:	
Application method: <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Tarp drip <input type="checkbox"/> Hand held probes (tree hole)	Application Rate (lbs or gallons of product/treated acre):	Injection Depth (inches):	Application Block Size (acres):

**VI. Emergency Response Plan**

Description of evacuation routes (a diagram or drawing may be attached to the FMP):

☐ Check here if diagram or drawing is attached

Locations of telephones:

Contact information for first responders:

Local/state/federal contacts:

Other contact information for emergencies:

Emergency procedures/responsibilities in case of an incident, equipment/tarp/seal failure, complaints or elevated air concentration levels outside the buffer zone suggesting potential problems, or other emergencies:

**VII. Communication Between Applicator, Owner/Operator, and Other On-site Handlers**

☐ Pesticide product labels and material safety data sheets are at the application site and available for employees to review.

Will the certified applicator be at the application site during all handler activities that take place from the beginning of the application until the entry restricted period expires? ☐ Yes ☐ No

If no, describe how the certified applicator will share the label requirements with owner/operator and/or handlers who will be present at the application site after the application is complete until the entry restricted period expires.

**VIII. Handler Information**

☐ Information for all handlers is attached to the FMP

Comments/notes:

<b>IX. Air Fan Dilution System</b> (check here if section is not applicable <input type="checkbox"/> )		
Check boxes below once the information has been verified:		
<input type="checkbox"/> fan/blower is at least 126 inches from the ground		
<input type="checkbox"/> fan/blower is capable of operating at a minimum of 1,600 revolutions per minute producing a minimum flow rate of 3,000 cubic feet per minute		
<b>X. Tarps</b> (check here if section is not applicable <input type="checkbox"/> (check here if tarp qualifies for a buffer zone credit <input type="checkbox"/> )		
Brand name and tarp manufacturer:	Lot Number:      Batch Number:	Thickness:
	Part Number:	
Schedule for checking tarps for damage, tears, and other problems:		
Maximum time following notification of damage that the person(s) responsible for tarp repair will respond:		
Minimum time following damage that tarp will be repaired:	Minimum size of damage that will be repaired:	
Other factors used to determine when tarp repair will be conducted:		
Equipment/methods used to perforate tarps:		
<input type="checkbox"/> mechanical:		
<input type="checkbox"/> hand:		
Schedule and target dates for perforating tarps:		
Equipment, schedule and target dates for removing tarps:		
<b>XI. Soil Conditions</b>		
<u>Soil texture/clay content:</u>		
<u>Organic Content:</u> <input type="checkbox"/> >3%		
<u>Soil Temperature:</u> Has the air temperature been above 100 °F in any of the 3 days prior to application? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, record the soil temperature measurement:		
<u>Soil Moisture:</u> (check the box of the method used to determine the soil moisture)		
Date and time soil moisture determined:		
<b>USDA Feel and Appearance Method</b> <input type="checkbox"/> Description of soil:	<b>Instrument</b> <input type="checkbox"/> Instrument used:	<b>Other</b> <input type="checkbox"/> Describe method:
Percent soil water moisture estimate:	Percent soil moisture:	Percent soil moisture:
<input type="checkbox"/> If credits apply, documentation of the measurements is attached to the FMP		

## XII. Weather Conditions

Summary of the weather **on the day of the application** (a printed copy may be attached to the FMP):

☐ Check here if printed copy is attached to the FMP or complete the following:

Wind Speed:

Inversion conditions:

Air-Stagnation Advisories:

Other:

Summary of the weather forecast **during the 48-hour period following the fumigant application** (a printed copy may be attached to the FMP):

☐ Check here if printed copy is attached to the FMP or complete following:

Wind Speed:

Inversion conditions:

Air-Stagnation Advisories:

Other:

## XIII. Buffer Zones

Rate from lookup table on label (lbs or gallons of Product/A, if rate used is not on the label table, round up to the next value):

Application block size from lookup table on label (acres, if block size is not on the label table, round up to next value ):

Credits applied:

☐ high barrier tarp:

☐ organic content:

☐ broadcast:

Total credits:

Buffer zone distance:

Are there areas in the buffer zone that are not under the control of owner/operator of the application block? ☐ Yes ☐ No

If yes, describe the areas and how it was verified that these structures will be unoccupied during the buffer zone period, and attach to FMP the signed consent forms for when properties not under the control of the owner/operator and were included in the buffer zone.

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

Name(s) of person(s) posting Fumigant Treated Area signs:

Treated Area Signs posting date:
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Treated Area Signs removal date:

Location of Fumigant Treated Area signs:

Will Buffer Zone signs be posted? ☐ Yes ☐ No

If yes, document the location of the Buffer Zones signs.

If yes, document Buffer Zone sign removal date:

## XV. Air Monitoring Plan

If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropicrin, handlers must stop work and leave the application block.

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	Monitoring Equipment	Timing

## Full Face Respirator Response Plan

If either (1) a handler experiences any sensory irritation when wearing a full face air-purifying respirator, or (2) a chloropicrin air sample is greater than or equal to 1.5 ppm, then all handler activities must cease and handlers must be removed from the application block and the following emergency plan will be implemented:

**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 Preparation

**Drip Applications**

- ☐ System Control and Integrity
- ☐ Site of Injection and Irrigation System Layout
- ☐ System Flush
- ☐ Soil Sealing

**Bedded and Broadcast Shank Applications**

- ☐ Soil Preparation
- ☐ Soil Moisture
- ☐ Application Depth
- ☐ Prevention of End Row Spillage
- ☐ Calibration, Set-up, Repair, and Maintenance for Application Rigs
- ☐ Soil Sealing

**Tree Replant Application Using Handheld Equipment**

- ☐ Soil Preparation
- ☐ Application Depth
- ☐ System Flush
- ☐ Soil Sealing

Description of other product specific GAPs from label that will be followed:

Before beginning the fumigation, I have verified that this site-specific FMP reflects current site conditions and product label directions.

\_\_\_\_\_  
**Signature of certified applicator supervising the fumigation**

\_\_\_\_\_  
**Date**

List of Attachments:

### Handler Information

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)
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input 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 type="checkbox"/> No respirator  PPE training date:	<div>                         Make:                          Model:                          Type:                          Style:                          Size:                          Cartridge type:                          Fit test date:                          Training date:                          Medical date:                     </div> <div>                         Make:                          Model:                          Type:                          Style:                          Size:                          Cartridge type:                          Fit test date:                          Training date:                          Medical date:                     </div> <div>                         Make:                          Model:                          Type:                          Style:                          Size:                          Cartridge type:                          Fit test date:                          Training date:                          Medical date:                     </div>
<input type="checkbox"/> The above handler has received Fumigant Safe Handling information within the past 12 months.				
*1. Loaders, drivers, tractor co-pilots, shovelers, cross-ditchers, or other direct application participants 2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application) 3. Tasks with liquid contact potential 4. Installing, perforating, removing, repairing, or monitoring tarps until: -14 days after the application is complete if tarps are not perforated and removed during those 14 days, -Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or -48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application.			5. Taking air samples (breathing zone) 6. Handling or disposing of fumigant containers 7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues 8. Installing, repairing, operating, or removing irrigation equipment in the application block 9. Performing scouting, crop advising, or monitoring tasks in the application block 10. Performing other WPS handling tasks	
<b>Comments/notes:</b>				

## 2010 SOIL FUMIGANT POST APPLICATION SUMMARY (CHLOROPICRIN/IODOMETHANE PRODUCTS)

### Post Application Summary Elements:

[General Application Information](#)

[Tarp Damage and Repair](#)

[Tarp Perforation/Removal](#)

[Weather Conditions](#)

[Complaints](#)

[Description of Incidents](#)

[Communication Between Applicator, Owner/Operator, and Other On-site Handlers](#)

[Posting Signs – Fumigant Treated Area and Buffer Zones](#)

[Other Deviations from the FMP](#)

### Attached Tables:

Check boxes if tables are applicable (i.e., there are changes from the FMP, or monitoring information has been recorded. Tables that are not applicable do not need to be included in the final post-application summary).

- ☐ [Handler Information \(for changes since the FMP\)](#)
- ☐ [Respirator Cartridge Replacement](#)
- ☐ [Air Monitoring Results When Sensory Irritation Is Experienced](#)
- ☐ [Breathing Zone Air Monitoring with Direct Read Instruments](#)
- ☐ [Drip Application Monitoring Results](#)
- ☐ [Vacating Occupied Structures During the Buffer Zone Period](#)

**2010 SOIL FUMIGANT POST APPLICATION SUMMARY  
FOR (INSERT GENERAL SITE INFORMATION FROM THE FMP):**

**(CHLOROPICRIN/IODOMETHANE 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)**

<b>General Application Information</b>			
Application date and time:	EPA Registration Number:	Fumigant Product Name:	
Application method: <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Tarp drip <input type="checkbox"/> Hand held probes (tree hole)	Application Rate (lbs or gallons of product/treated acre):	Injection Depth (inches):	Application Block Size (acres):
<b>Tarp Damage and Repair</b> (check here if section is not applicable <input type="checkbox"/> )			
Location and size of tarp damage:			
Description of tarp/tarp seal/tarp equipment failure:			
Date and time of tarp repair:			
Additional comments or other deviations from FMP (if applicable):			
<b>Tarp Perforation/Removal</b> (check here if section is not applicable <input type="checkbox"/> )			
Description of tarp removal procedures (if different than in the FMP):			
Date tarps were perforated:		Date tarps were removed:	

## Weather Conditions

Summary of the weather **on the day of the application** (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:

Wind Speed:

Inversion conditions:

Air-Stagnation Advisories:

Other:

Summary of the weather **during the 48-hour period following the fumigant application** (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 following:

Wind Speed:

Inversion conditions:

Air-Stagnation Advisories:

Other:

**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:

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 (include contact information for person(s) affected):

<b>Communication Between Applicator, Owner/Operator, and Other On-site Handlers</b> (check if no changes from the FMP <input type="checkbox"/> )	
<p>Was the certified applicator at the application site 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</p> <p>If no, list the names and phone numbers of persons contacted:</p>	Date contacted:
<p>Comments/notes (any deviation from FMP regarding how the information was shared):</p>	
<b>Posting Signs – Fumigant Treated Area and Buffer Zone</b>	
Date(s) of Fumigant Treated Area sign removal:	Date(s) of Buffer Zone sign removal: (check here if not applicable <input type="checkbox"/> )
<p>Description of deviations from FMP (if applicable):</p>	
<b>Handler Information for Changes Since the FMP</b>	
<p>Have there been any changes to the handler information since the FMP was completed (including handlers that were on-site that were not listed in FMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the updated handler information must be attached to the post application summary.</p>	
<b>Other Deviations from the FMP</b>	
<p>Additional comments/notes:</p>	

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 fumigation	Date

List of Attachments: \_\_\_\_\_

### Air Monitoring Results When Sensory Irritation Is Experienced

Date and Time	Handler Name	Handler Task/Activity	Handler Location Where Irritation Was Observed	Resulting Action	Comments
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
				<input type="checkbox"/> Cease operations <input type="checkbox"/> Respiratory protection	
<b>Additional Comments:</b>          					

### Breathing Zone Air Monitoring with Direct Read Instruments

Sample Date/Time	Handler Name	Handler Task/Activity	Handler Location	Air Concentration	Sampling Method	Comments (e.g., sensory irritation experienced while wearing respirator, description of control measures or emergency procedures followed)
<b>Additional Comments:</b> <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>						

## Respirator Cartridge Replacement

Handler Name	Why Cartridge Replaced	Time of Cartridge Replacement	Comments
	<input type="checkbox"/> Target air concentration was exceeded <input type="checkbox"/> Sensory irritation felt while wearing a full-face air-purifying respirator <input type="checkbox"/> Other		
	<input type="checkbox"/> Target air concentration was exceeded <input type="checkbox"/> Sensory irritation felt while wearing a full-face air-purifying respirator <input type="checkbox"/> Other		
	<input type="checkbox"/> Target air concentration was exceeded <input type="checkbox"/> Sensory irritation felt while wearing a full-face air-purifying respirator <input type="checkbox"/> Other		
	<input type="checkbox"/> Target air concentration was exceeded <input type="checkbox"/> Sensory irritation felt while wearing a full-face air-purifying respirator <input type="checkbox"/> Other		
	<input type="checkbox"/> Target air concentration was exceeded <input type="checkbox"/> Sensory irritation felt while wearing a full-face air-purifying respirator <input type="checkbox"/> Other		
<b>Additional Comments:</b>			

### Drip Application Monitoring Results

[illegible]

**Vacating Occupied Structures within the Buffer Zone**

Date and Time Occupied Structures were Vacated	Date and Time Structures were Reoccupied