**PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY**

**(METAM SODIUM / METAM POTASSIUM PRODUCTS)**

**Post Application Summary Elements:**

[General Application Information](#General_Application_Info_PAS)

[Weather Conditions](#Weather_Conditions_PAS)

[Tarp Damage and Repair](#Tarp_Damage_Repair_PAS)

[Tarp Perforation/Removal](#Tarp_Perforation_Removal_PAS)

[Complaints](#Complaints)

[Description of Incidents](#Description_of_Incidents)

[Communication between Applicator, Owner, and Other On-site Handlers](#Communication_Between_Applicator_PAS)

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

[Handler Information for Changes since the FMP](#HandlerInfoSinceFMP)

[Other Deviations from 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](#Handler_Information_PAS))

[Air Monitoring Results](#Sensory_Irritation_Experienced)

Water Run Application Monitoring Results

Other:

**PHASE 2 SOIL FUMIGATION POST APPLICATION SUMMARY**

**(METAM SODIUM / METAM POTASSIUM PRODUCTS)**

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| **(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)**  The text fields below 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: | | 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  Spray-on and Irrigate  Rotary Tiller  Weed Sprayer  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 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: | | | | | | | | |
| 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 from the beginning of the application 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** | | | | | | | | |
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