

# *Fumigant Management Plans and Post Application Summary Reports*

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## **Overview - REDs**

- EPA routinely reviews pesticide registration packages to verify compliance with current guidelines
- The following fumigants were reviewed as a cluster but separate reregistration eligibility decisions (REDs) were issued
  - Methyl Bromide
  - Chloropicrin
  - Metam Sodium/Metam Potassium
  - Dazomet



## What is a Fumigant Management Plan (FMP)?

- A written, site-specific plan prepared *before* fumigation begins
- Plan all aspects of a safe and effective fumigation to help:
  - Prevent accidents
  - Ensure, demonstrate & verify compliance
  - Define procedures in case of accidents or unforeseen events

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## Fumigant Management Plans (FMPs)

- Fumigant users must prepare a written, site-specific plan before fumigation begins
- FMPs will document:
  - Over 20 Good Ag Practice items
  - Site Specific Details
  - Posting & Monitoring Procedures
  - Personnel Data / Training Records
  - Safety Procedures/ PPE / Emergency Plans
  - Post-Application Summary
  - Buffer / Notification Zone / DTE information – Phase 2

## FMPs – Who?

- Completed by grower, commercial applicator, crop consultant, or others
- Certified applicator in charge:
  - Verifies accuracy
  - Signs
- May be farm-wide
  - Common information in one place
  - Separate sections for information unique to each fumigant application
- Must be available to handlers, enforcement personnel, and emergency response personnel

Module 6: FMPs



## FMPs - First Phase

- General information
  - Site, applicator, applications
- Steps taken to verify compliance
  - GAPS and worker protection
- Procedures
  - Air monitoring; hazard communication; posting treated areas and record-keeping
  - In case of accidents or unforeseen events
- Safe handling information provided
- Post application summary report

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## FMPs – Second Phase

- Buffer zones
  - How they were calculated, including credits
- Site map or sketch
- Procedures
  - Posting buffer zones
  - Emergency preparedness and response (if triggered)
- Records
  - Applicator training
  - Notice given to States of applications (if required)

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## Record Keeping

- Keep FMPs and Post Application Summaries for 2 years
  - supervising certified applicator
  - owner/operator (if not the certified applicator)
- Keep with other records required for application of RUPs

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## FMPs – Labels

- System must be flushed after application to totally remove all fumigant.
- SITE-SPECIFIC FUMIGATION MANAGEMENT PLAN (FMP):**
- Prior to the start of fumigation, the certified applicator supervising the application must verify that a site-specific FMP exists for each application block (i.e., the field or portion of a field treated with a fumigant in any 24-hour period, or, for center pivot applications which occur over many days, the total acres of a field treated). In addition, agricultural operations fumigating multiple application blocks as part of a larger fumigation may format their FMP in a manner whereby all of the information that is common to all the application blocks is captured once, and any information unique to a particular application block or blocks is captured in subsequent, separate sections.
- The FMP must be prepared by the certified applicator, the site owner/operator, registrant, or other party.
- The certified applicator must verify in writing (sign and date) that the site-specific FMP(s) reflects current site conditions before the start of fumigation.
- Each site-specific FMP must contain the following elements:
- Applicator information (name, phone number, pesticide applicator license and/or certificate number, employer name, employer address).
  - General site information.
    - Application block location (e.g., county, township, range, quadrant), address, or global positioning system (GPS) coordinates.
    - Name, address, and phone number of owner/operator of the application block.
  - General application information (target application date/window, brand name of fumigant, EPA registration number).
  - Tarp information and procedures for repair, perforation and removal (if tarp is used).
    - Brand name, lot number, thickness.
    - Name and phone number of person responsible for repairing tarps.
    - 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 application that tarp will be repaired.
    - Minimum size of damage that will be repaired.
    - Other factors used to determine when tarp repair will be conducted.
    - Name and phone number of person responsible for cutting and/or removing tarps (if other than certified applicator).
    - Equipment/methods used to cut tarps.
    - Schedule and target dates for cutting tarps.
  - Good Agricultural Practices (GAPs).
    - Description of applicable mandatory GAPs.
    - Measurements and documentation to ensure GAPs are achieved (e.g., measurement of soil and other site conditions).
  - Description of hazard communication (e.g., The treated area has been posted in accordance with the label. Pesticide product labels and material safety data sheets are on-site and readily available for employees to review.)
  - Record-keeping procedures (the owner/operator of the application block as well as the certified applicator, must keep a signed copy of the site-specific FMP for 2 years from the date of application).
- For situations where an initial FMP is developed and certain elements do not change for multiple fumigation sites (e.g., applicator information, authorized on-site personnel, record-keeping procedures, emergency procedures, etc.), only elements that have changed need to be updated in the site-specific FMP provided the following:
- The certified applicator supervising the application has verified that those elements are current and applicable to the application block before it is fumigated and has documented the verification in the site-specific FMP; and
  - Record-keeping requirements are followed for the entire FMP (including elements that do not change).
- Once the application begins, the certified applicator must make a copy of the FMP available for viewing by handlers involved in the fumigation. The certified applicator or the owner/operator of the application block must provide a copy of the FMP to any federal, state, tribal, or local enforcement personnel who request the FMP. In case of an emergency, the FMP must be made available when requested by federal/state/tribal/local emergency response and enforcement personnel.
- Within 30 days of completing the application portion of the fumigation process, the certified applicator supervising the application must complete a post-fumigation application summary that describes any deviations from FMP that have occurred, measurements taken to comply with GAPs as well as any complaints and/or incidents that have been reported to him/her.
- The Post-Application Summary must contain the following elements:
- Actual date of the application, application rate, and size of application block fumigated.
  - Summary of weather conditions on the day of the application and during the 48-hour period following the fumigant application.
  - Tarp damage and repair information (if applicable).
    - Location and size of tarp damage.
    - Description of tarp/tarp seal/tarp equipment failure.
    - Date and time of tarp repair.

## FMP Templates and Tools

- Adobe Acrobat templates
- Microsoft Word templates

Module 6: Templates and Tools

# Soil Fumigant Toolbox

[http://www.epa.gov/pesticides/reregistration/soil\\_fumigants/](http://www.epa.gov/pesticides/reregistration/soil_fumigants/)

Chemicals	PDF Documents	Word Documents
Chloropicrin only	<a href="#">FMP Template</a> (17 pp, 216k) <a href="#">FMP Template Sample</a> (16 pp, 4.2 MB)	<a href="#">FMP Template</a> (4 pp, 163 k) <a href="#">Air Monitoring</a> (1 pg, 122k) <a href="#">Breathing Zone Monitoring</a> (1 pg, 93k) <a href="#">Handler Information</a> (1 pg, 86k) <a href="#">Respirator Replacement</a> (1 pg, 81k) <a href="#">Summary Report</a> (3 pp, 81k) <a href="#">Drip Application Monitoring</a> (1 pg, 63k)
Chloropicrin and 1,3-D	<a href="#">FMP Template</a> (17 pp, 222k)	<a href="#">FMP Template</a> (4 pp, 152k) <a href="#">Air Monitoring</a> (1 pg, 115k) <a href="#">Breathing Zone Monitoring</a> (1 pg, 87k) <a href="#">Handler Information</a> (1 pg, 79k) <a href="#">Respirator Replacement</a> (1 pg, 75k) <a href="#">Summary Report</a> (4 pp, 104k) <a href="#">Drip Application Monitoring</a> (1 pg, 58k)
Chloropicrin and Iodomethane	<a href="#">FMP Template</a> (18 pp, 203k)	<a href="#">FMP Template</a> (4 pp, 168k) <a href="#">Air Monitoring</a> (1 pg, 115k) <a href="#">Breathing Zone Monitoring</a> (1 pg, 87k) <a href="#">Handler Information</a> (1 pg, 79k) <a href="#">Respirator Replacement</a> (1 pg, 75k) <a href="#">Summary Report</a> (4 pp, 107k) <a href="#">Drip Application Monitoring</a> (1 pg, 59k) <a href="#">Occupied Structures</a> (1 pg, 34k)
Dazomet	<a href="#">FMP Template</a> (18 pp, 200k) <a href="#">FMP Template Sample</a> (11 pp, 586k)	<a href="#">FMP Template</a> (3 pp, 146k) <a href="#">Air Monitoring</a> (1 pg, 125k) <a href="#">Breathing Zone Monitoring</a> (1 pg, 87k) <a href="#">Handler Information</a> (1 pg, 83k) <a href="#">Respirator Replacement</a> (1 pg, 81k) <a href="#">Summary Report</a> (3 pp, 112k)
Metam Sodium/Potassium	<a href="#">FMP Template</a> (20 pp, 225k) <a href="#">FMP Template Sample</a> (7 pp, 471k) <a href="#">Post Application Template Sample</a> (13 pp, 723k)	<a href="#">FMP Template</a> (4 pp, 170k) <a href="#">Air Monitoring</a> (1 pg, 125k) <a href="#">Breathing Zone Monitoring</a> (1 pg, 87k) <a href="#">Handler Information</a> (1 pg, 83k) <a href="#">Respirator Replacement</a> (1 pg, 81k) <a href="#">Summary Report</a> (4 pp, 116k) <a href="#">Water Run Monitoring</a> (1 pg, 66k)
Methyl Bromide	<a href="#">FMP Template</a> (16 pp, 205k) <a href="#">FMP Template Sample</a> (17 pp, 4.3 MB)	<a href="#">FMP Template</a> (4 pp, 144k) <a href="#">Air Monitoring</a> (1 pg, 115k) <a href="#">Breathing Zone Monitoring</a> (1 pg, 85k) <a href="#">Handler Information</a> (1 pg, 79k) <a href="#">Respirator Replacement</a> (1 pg, 75k) <a href="#">Summary Report</a> (3 pp, 103k)

## FMP Sample Template

**2010 SOIL FUMIGANT 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.

<b>I. Certified Applicator Supervising the Fumigation</b>			
Name: _____	Phone number: _____	License and/or certificate number: _____	<input type="checkbox"/> Commercial applicator
Employer name: _____	Employer address: _____	<input type="checkbox"/> Private applicator	
<b>II. General Site Information</b>			
Application block/field location (e.g., county, township-range-section quadrant), address including zip code, or global positioning system (GPS) coordinates: _____			
<b>III. Owner/operator of Application Block</b>			
Name: _____	Address: _____	Phone number: _____	
<b>IV. Recordkeeping</b>			
<input type="checkbox"/> 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.			
<b>V. General Application Information</b>			
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"/> Deep untarp broadcast (CA only) <input type="checkbox"/> Hot gas – outdoor <input type="checkbox"/> Hot gas – greenhouse <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>VI. Emergency Response Plan</b>			
Description of evacuation routes (a diagram or drawing may be attached to the FMP): _____			
<input type="checkbox"/> 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 suggesting potential problems, or other emergencies: _____			

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## FMP Sample Template

<b>VII. Communication Between Applicator, Owner/Operator, and Other On-site Handlers</b>		
<input type="checkbox"/> 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 after the application is complete until the entry restricted period expires? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____		
<b>VIII. Handler Information (use EPA's Microsoft Word or Acrobat Adobe version of the handler information template)</b>		
<input type="checkbox"/> Information for all handlers is attached to the FMP		
Comments/notes: _____		
<b>IX. Tarps (check here if section is not applicable <input type="checkbox"/>)</b>		
Brand name and tarp manufacturer: _____	Lot Number: _____	Batch Number: _____
Part Number: _____	Thickness: _____	
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>X. Soil Conditions</b>		
Soil texture/clay content: _____		
Organic Content: <input type="checkbox"/> < 1% <input type="checkbox"/> ≥1%-2% <input type="checkbox"/> ≥2%-3% <input type="checkbox"/> >3%		
Soil Temperature: 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: _____		
Soil Moisture: (check the box of the method used to determine the soil moisture)		
USDA Feel and Appearance Method <input type="checkbox"/>	Instrument <input type="checkbox"/>	Other <input type="checkbox"/>
Description of soil: _____	Instrument used: _____	Describe method: _____
Percent soil moisture estimate: _____	Percent soil moisture: _____	Percent soil moisture: _____

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## FMP Sample Template

**2010 TOBACCO SOIL FUMIGANT MANAGEMENT PLAN (CHLOROPICLIN/1,3-DICHLOROPROPENE PRODUCTS)**  
 The below form is to be completed by the handler. After completion, each field, use Tab key to go to next field or check box.

<b>I. Certified Applicator Supervising the Fumigation</b>			
Name: _____		Phone number: _____	License and/or certificate number: _____ <input type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: _____		Employer address: _____	
<b>II. General Site Information</b>			
Application block/field location (e.g., county, township, range-section quadrant), address, or global positioning system (GPS) coordinates: _____			
<b>III. Owner/Operator of Application Block</b>			
Name: _____		Address: _____ Phone number: _____	
<b>IV. Recordkeeping</b>			
<input type="checkbox"/> 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.			
<b>V. General Application Information</b>			
Target application date/window: _____	EPA Registration Number: _____	Fumigant Product Name: _____	
Application method: <input type="checkbox"/> Untrap bedded	Application Rate (lbs or gallons of product/treated acre): _____	Injection Depth (inches): _____	Application Block Size (acres): _____
<b>VI. Emergency Response Plan</b>			
Description of evacuation routes (a diagram or drawing may be attached to the FMP): <input type="checkbox"/> 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/hypoxia failure, complaints or elevated air concentration levels suggesting potential problems, or other emergencies: _____			
<b>VII. Communication Between Applicator, Owner/Operator, and Other On-site Handlers</b>			
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____			
<b>VIII. Handler Information (use EPA's Microsoft Word or Acrobat Adobe version of the handler information template)</b>			
<input type="checkbox"/> Information for all handlers is attached to the FMP			
<b>IX. Enclosed Cabs (check here if section is not applicable)</b>			
<input type="checkbox"/> Check boxes below once the information has been verified			
<input type="checkbox"/> Positive pressure is 6 mm H <sub>2</sub> O Gauge			
<input type="checkbox"/> Minimum air intake flow is 43 m <sup>3</sup> /hour			
<input type="checkbox"/> Enclosed cab is equipped with activated charcoal filter media containing no less than 1000 grams of activated charcoal			
<input type="checkbox"/> Ventilation system is maintained according to manufacturer's instructions			
Record the hours of application time for the filter: _____			
<b>X. Taps (check here if section is not applicable)</b>			
<b>Soil Conditions</b>			
Soil moisture by weight: Ultimate Content: <input type="checkbox"/> <1% <input type="checkbox"/> 1%-2% <input type="checkbox"/> 2%-3% <input type="checkbox"/> >3% Soil Temperature: 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: _____ Soil moisture: check the box of the method used to determine the soil moisture Date and time soil moisture determined: _____			

USDA Feet and Appearance Method <input checked="" type="checkbox"/>	Instrument <input type="checkbox"/>	Other <input type="checkbox"/>
Description of soil: _____	Instrument used: _____	Describe method: _____
Percent soil water moisture estimate: _____	Percent soil moisture: _____	Percent soil moisture: _____
<b>XII. Weather Conditions</b>		
Summary of the weather on the day of the application (a printed copy may be attached to the FMP): <input type="checkbox"/> 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): <input type="checkbox"/> Check here if printed copy is attached to the FMP or complete the following: Wind Speed: _____ Inversion conditions: _____ Air-Stagnation Advisories: _____ Other: _____		
<b>XIII. Posting Signs - Fumigant Treated Area</b>		
Name(s) of person(s) posting fumigant Treated Area signs: _____		
Treated Area Signs posting date: _____	Treated Area Signs removal date: _____	
<b>XIV. Air Monitoring Plan</b>		
If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropiclin, handlers must stop work and leave the application block.		
If sensory irritation is experienced check which of the following procedures will be followed: <input type="checkbox"/> Used to cease operations or <input type="checkbox"/> Used to continue operations with respiratory protection		
Handler Tasks to be Monitored: _____	Monitoring Equipment: _____	Timing: _____
<b>Full Face Respirator Response Plan</b>		
If either (1) a handler experiences any sensory irritation when wearing a full face air-purifying respirator, or (2) a chloropiclin 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: <input type="checkbox"/> Good Agricultural Practices (GAPs) <input type="checkbox"/> 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.		
<b>General</b>		
<input type="checkbox"/> Tarps	<input type="checkbox"/> Banded and Broadcast Shank Applications	
<input type="checkbox"/> Weather Conditions	<input type="checkbox"/> Tarps	
<input type="checkbox"/> Soil Preparation	<input type="checkbox"/> Soil Temperature	
<input type="checkbox"/> Soil Moisture	<input type="checkbox"/> Soil Temperature	
<input type="checkbox"/> Application Depth	<input type="checkbox"/> Application Depth	
<input type="checkbox"/> Prevention of Fuel Flow Spillage	<input type="checkbox"/> Calibration, Set-up, Repair, and Maintenance for Application Rigs	
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: _____		

## FMP Handler Attachment

### Complete a Separate Form for Each Handler

Handler Information				
Handler Name, Address, and Phone Number	Employer Name, Address, and Phone Number	Tape Handler an Taber 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 FPE training date: _____	Make: _____ Model: _____ Type: _____ Style: _____ Size: _____ Cartridge type: _____ Fit test date: _____ Training date: _____ Medical date: _____ Make: _____ Model: _____ Type: _____ Style: _____ Size: _____ Cartridge type: _____ Fit test date: _____ Training date: _____ Medical date: _____
<input type="checkbox"/> The above handler has received Fumigant Safe Handling information within the past 12 months.				
*1. Loading, driving, tractor co-ops, show/hits, cross-ditches, or other direct application participants 2. Cleaning up fumigant spills/drops and include emergency personnel not associated with the application 3. Talks with layout contact potential 4. Installing, performing, removing, repairing, or monitoring tarp use -14 days after the application is complete if tarp is not perforated and removed during those 14 days. -7 day removal to complete if tarp is both perforated and removed less than 14 days after the application, or -48 hours after tarp perforation is complete if tarp will not be removed within 14 days after application. 5. Taking air samples (see above) 6. If loading or disposing of fumigant containers 7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residue 8. Installing, repairing, operating, or moving irrigation equipment in the application block 9. Performing monitoring, stop advising, or monitoring tasks in the application block 10. Performing other "PPE" handling tasks				
<b>Comments/notes:</b> _____				

## **Mitigation Summary Safety Information for Handlers**

- Registrants must develop and disseminate basic safety information for handlers
  - Provided at point of purchase
  - <http://www.epa.gov/fumigantraining>
- Supervisors required to ensure handlers have received the information within the 12 months preceding the application

## **Post Application Summary**

- Deviations from FMP
  - E.g., date of application, procedures, personnel, etc.
- Summary of weather, site conditions
- Description of problems or complaints
- Actual dates of tarp activities, sign removal, etc.
- Must complete within 30 days of application

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## Post Application Summary Sample Template

2010 SOIL FUMIGANT POST APPLICATION SUMMARY (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:	EPA Registration Number:	Fumigant Product Name:	
Application method: <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Deep tarp broadcast (CA only) <input type="checkbox"/> Hot gas – outdoor <input type="checkbox"/> Hot gas – greenhouse <input type="checkbox"/> Hand held probes (tree hole)	Application Rate (lbs or gallons of product/treated acre):	Injection Depth (inches):	Application Block Size (acres):
Weather Conditions			
Summary of the weather on the day of the application (a printed copy may be attached to the post-application summary): <input type="checkbox"/> 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): <input type="checkbox"/> Check here if printed copy is attached to the post-application summary or complete following: Wind Speed:    Inversion conditions:    Air-Stagnation Advisories:    Other:			
Tarp Damage and Repair (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):			
Tarp Perforation/Removal (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:	

Module 6: Post Application Template

## Post Application Summary Sample Template

Complaints (check here if section is not applicable <input type="checkbox"/> )	
Person filing complaint: <input type="checkbox"/> On-site handler <input type="checkbox"/> 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 <input type="checkbox"/> )	
Description of incident, equipment failure, or other emergency:	Date and time:
Description of emergency procedures followed:	
Was the incident reported to the state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments:	
Communication Between Applicator, Owner/Operator, and Other On-site Handlers (check if no changes from the FMP <input type="checkbox"/> )	
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	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	
Date(s) of Fumigant Treated Area 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, the updated handler information must be attached to the post application summary (use EPA's Microsoft Word or Acrobat Adobe version of the handler information template)	
Other Deviations from the FMP	
Additional comments/notes:	

Module 6: Post Application Template





## Review Questions

### *True or False?*

1. A site specific FMP must be prepared by a certified applicator.
2. An FMP has requirements that are in addition to those that are on the label.
3. FMPs and Post-Application Summaries must be kept for 1 year by the fumigator and owner/operator.

Module 6: FMPs and Post Application Summary

## Review Question

4. The label requires that FMPs are available:
- a) for viewing on site by handlers involved in the application
  - b) to enforcement personnel, upon request
  - c) to emergency response personnel, in case of an emergency
  - d) for viewing by neighbors, upon request
  - e) a, b, and c
  - f) a, b, c, and d

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## Questions / Comments

