

**2010 SOIL FUMIGANT POST APPLICATION SUMMARY
(CHLOROPICRIN/1,3-DICHLOROPROPENE PRODUCTS)**

Post Application Summary Elements:

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[Posting Signs – Fumigant Treated Area](#)

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Attached Tables: (use EPA's Microsoft Word or Acrobat Adobe version of the table templates)

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](#)
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**2010 SOIL FUMIGANT POST APPLICATION SUMMARY
FOR (INSERT GENERAL SITE INFORMATION FROM THE FMP):
(CHLOROPICRIN/1,3-DICHLOROPROPENE 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 and time:	EPA Registration Number: -	Fumigant Product Name:	
Application method: <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Untarp bedded <input type="checkbox"/> Untarped broadcast <input type="checkbox"/> Deep untarp 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):
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:	
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 (include contact information for person(s) affected):			
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:			

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:
