

Fumigation Field Summary

Location	
Date Start/Finish Time	
Field Size	
Product & EPA Number	
Rate	
Treated Area Buffer Zone Posting, Dates/Time	
Buffer Zone/ Credits	
Handlers Involved	
Weather Conditions (attach weather report)	
Soil Information	
Emergency Preparedness	
Difficult to Evacuate	
Post Summary Information (Document all changes from the FMP)	
Check box for no changes <input type="checkbox"/>	

Signature _____

Date _____

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).