

# **New Requirements For Soil Fumigant Pesticide Products**

**EPA and UGA Grower Trainings  
Nov 2010**

**Culpepper and Sumner**

# Reregistration Eligibility Decisions “REDs”

- Re-licensing decisions for chemicals used as soil fumigants
  - Methyl Bromide
  - Chloropicrin
  - Metam Sodium/Metam Potassium
  - Dazomet

**CHANGES BEGIN WITH NEW LABELS EXPECTED AROUND DECEMBER 1, 2010**

# Goals of Mitigation Measures

Package of measures that work together to:

- Reduce
  - potential for direct exposure to toxic concentrations
  - likelihood of accidents and errors
- Foster planning and compliance
- Assure appropriate response to exposures

# Implementation Schedule

- ◻ under development
- adopt

Risk Mitigation Measure	2010	2011
Good agricultural practices (GAPs)	●	●
Restricted use (new measure for metam sodium/potassium & dazomet only)	●	●
<b>New handler protections including changes to respiratory protection, tarp cutting/removal and worker reentry restrictions</b>	●	●
<b>Fumigant management plans and post application summaries</b>	●/◻	●
Buffer zone distances, credits, and posting		●
Emergency preparedness measures		●
Difficult to evacuate sites		●
Notice to state lead agencies		●
Safe handling information	●	●
First responder, community outreach and certified applicator training	◻	●
Rate reductions and use site limitations	●	●

# Application Methods



	Methyl Bromide	Chloropicrin	Metam Sodium/ Potassium	Dazomet
Shank injection	●	●	●	
Spray blade			●	
Chemigation, drip		●	●	
Chemigation, sprinkler			●	
Chemigation, center pivot			●	
Hand held probe for tree holes	●	●		
Rotor tiller			●	●
Hot gas	●			



# Examples of Generic GAPs



## Soil moisture

- Appropriate for soil type
- Determined using USDA's Feel and Appearance method or an instrument

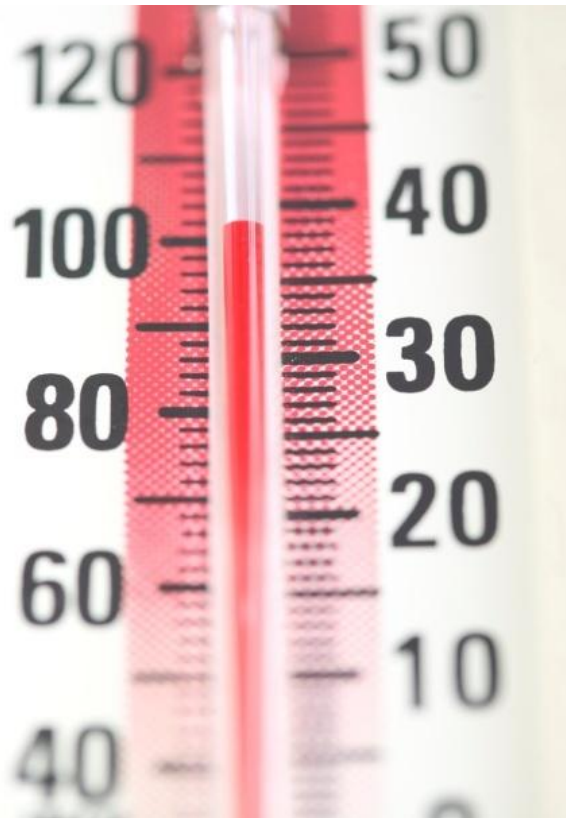


## Soil preparation

- good tilth
- free of large clods
- crop residue (if present) must not interfere with soil seal

Photos courtesy of USDA NRCS

# Another Example of a Generic GAP



## Soil temperature

- Maximum soil temperature is 90 degrees F
- Depth of soil temperature measurement varies

# Other GAPs

- Soil seal
- Calibrate, maintain, and clean equipment
- Prevent end-row spillage





# Protections for Handlers & Workers (2010)

# Restricted Use Pesticide Classification

## Before reregistration:

### -Restricted use:

- methyl bromide
- 1,3-dichloropropene
- chloropicrin

### -Non-restricted use products

- (most) metam sodium/potassium
- (most) dazomet

## After reregistration: ALL are restricted use

# Who is a “handler”?

*A person  
in:*

*from start  
of application*

*to end  
of:*

---

1. application  
block



entry restricted  
period

2. buffer zone



buffer zone  
period

# Supervision of Handlers

## Non-water run applications (e.g., shank, hot gas)

- “Certified applicators must be at the fumigation site in the line of sight of the application and must directly supervise all persons performing handling activities”

## Water run applications (e.g., center pivot, drip)

- Certified applicator must be at site to begin the application
- Certified applicator or handlers under supervision of certified applicator must return every two hours to check on application
- Handlers communicate with certified applicator via cell phone or other means

# Handlers Example

Must Wear Proper PPE:

Example Metam CLR Label:

Page 2: chemigation

Long-sleeve shirt and long pants

Shoes plus socks

Protective eyewear

AND you now determine who  
wears an APR

# Respiratory Protection for Handlers

If experiencing sensory irritation, handlers must either:

1. Stop work, leave area & monitor air concentrations
  - Resume work only when concentrations are below trigger level & irritation is gone

*OR*

2. Wear a respirator & resume work
  - Measure air concentration every 2 hours
  - Stop work if having sensory irritation while wearing respirator, or measured concentration exceeds upper working limit of respirator
  - If still having sensory irritation, can resume work only when concentrations are below trigger level, irritation is gone, and have changed respirator cartridge

Note: air purifying respirators are required for methyl bromide products with less than 20% chloropicrin<sup>14</sup>

Figure A. Requirements when handlers cease operations

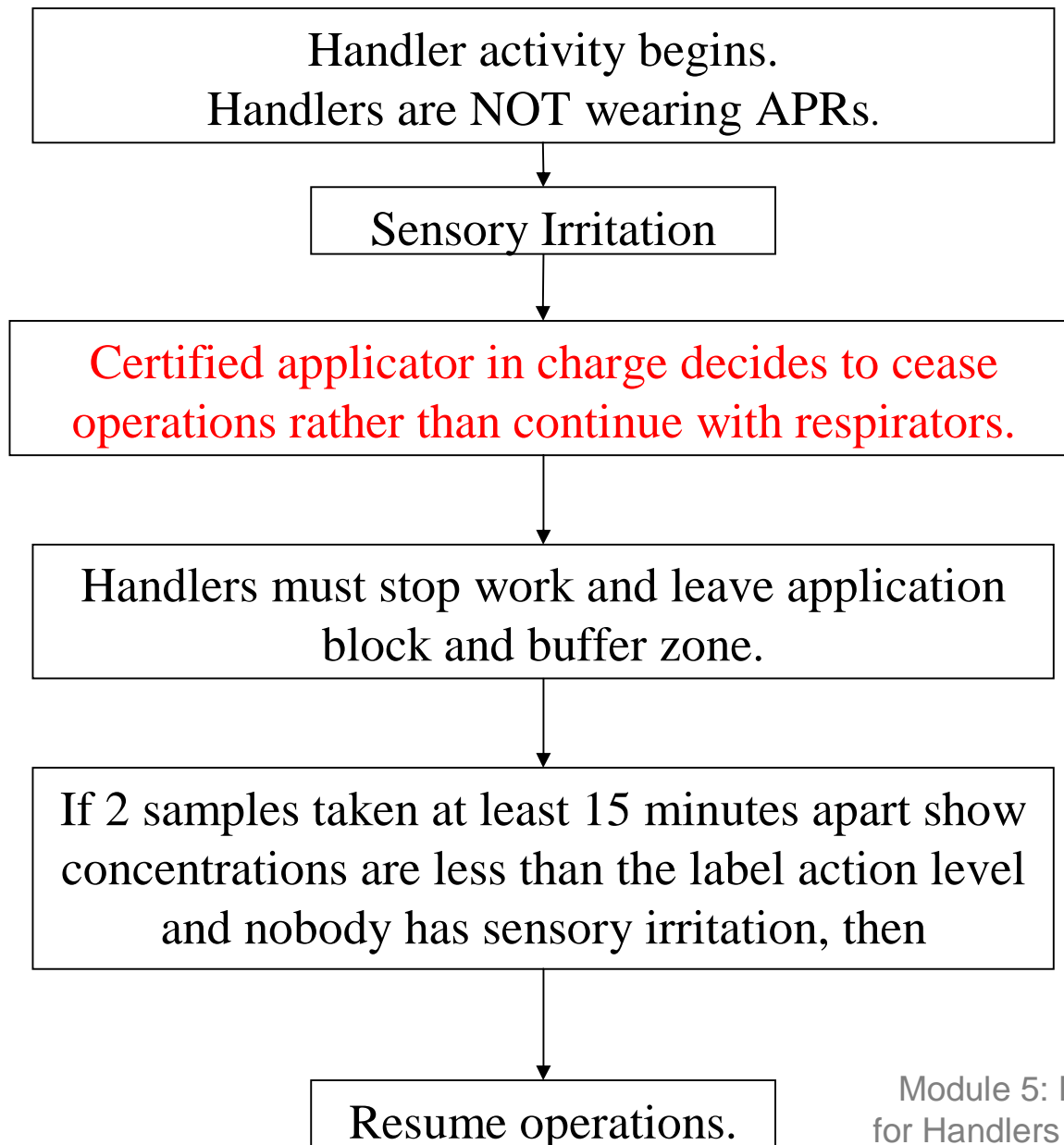
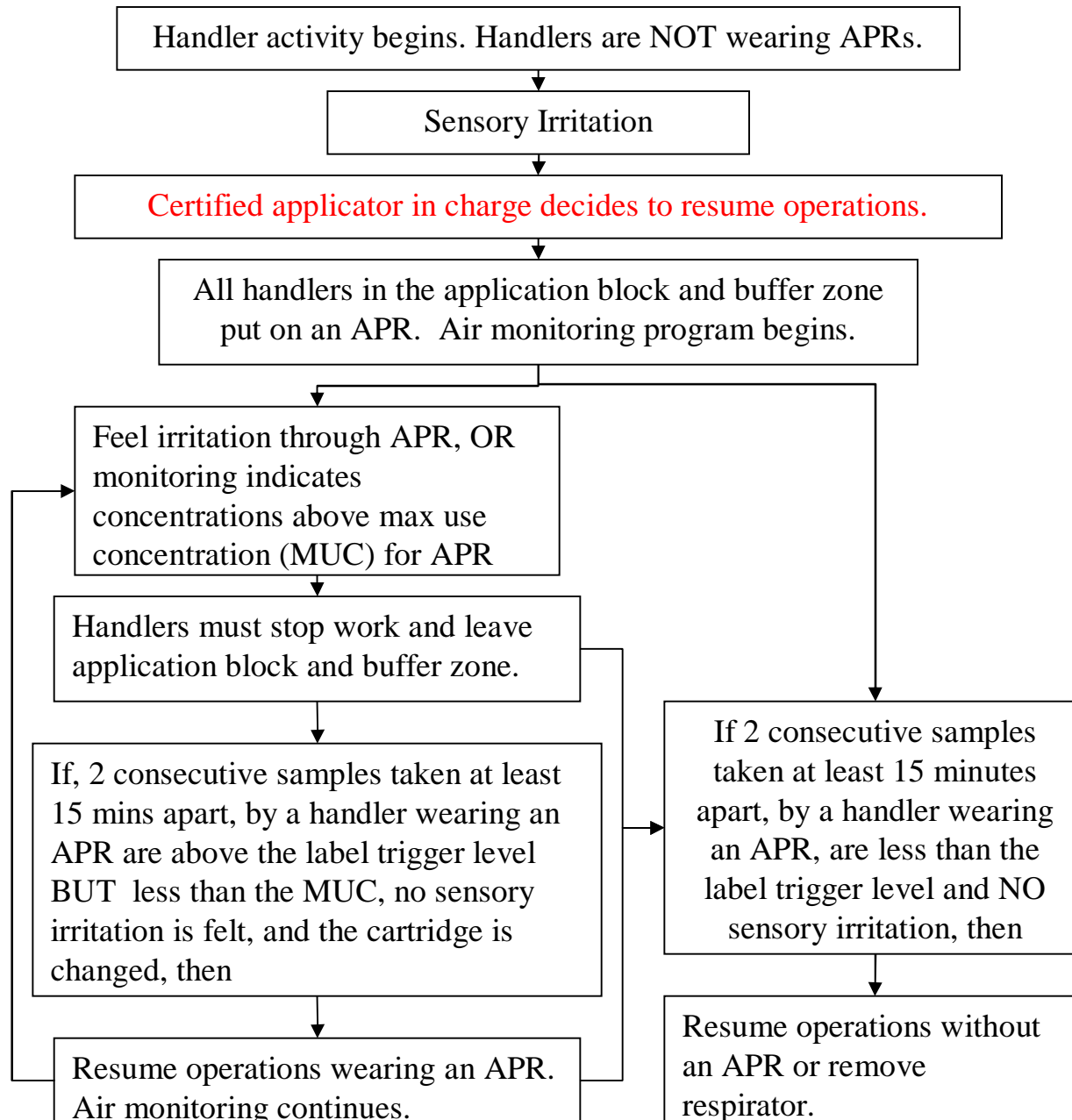




Figure B. Requirements when handlers resume work while using a respirator





## Number of Handlers and Respirators Required On-site During Handler Activities

Product/ Formulation	Min # of Handlers	Min # of Air- Purifying Respirators 	Min # of SCBAs 
Methyl bromide or chloropicrin combo product with $\geq 20\%$ chloropicrin	2	2 Full-face	1
Methyl bromide product with $< 20\%$ chloropicrin	2	2 Half-mask	1
Metam sodium/ potassium	1	1 Full-face	0
Dazomet	1	1 Full-face	0

# Handlers who use respirators must be:



- fit-tested



- trained



- physically fit to wear a respirator\*

Module 5: Protections for  
Handlers & Workers

\*

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=9783](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9783)

# Handlers who use respirators must be:



- fit-tested

**For Pic mixtures: at least 2 air purifying respirators and 1 SCBA on site when handling actives performed**



- trained

**For metam: at least 1 air purifying respirator on site when handling activities are performed**



- physically fit to wear a respirator\*

Module 5: Protections for  
Handlers & Workers

\*

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=9783](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9783)



A **self contained breathing apparatus**, or **SCBA**, sometimes referred to as a **Compressed Air Breathing Apparatus (CABA)**, **air pack**, or simply **Breathing Apparatus (BA)** is a device worn by [rescue](#) workers, [firefighters](#), and others to provide breathable air if the max use concentration for the APR is exceeded, the air concentration is unknown, or there is an **IDLH** (Immediate Danger to Life and Health) Atmosphere.

An SCBA typically has three main components: a **high-pressure tank** (e.g., 2200 psi to 4500 psi), a **pressure regulator**, and an **inhalation connection** (mouthpiece, mouth mask or face mask), connected together and mounted to a carrying frame.



**National Institute for Occupational Safety and Health**



**Emergency Escape Breathing Apparatus – are for escape only and Not Approved for responding to spills or other emergencies**

**Respirators – must be fit tested and use the appropriate cartridges for the fumigant product being used.**



Half Faced Respirators



Full Faced Respirators

**Fit Tested**

**No Facial hair that interferes with skin and face-piece seal**



## RESPIRATOR FIT TESTING



The OSHA Standard 1910.134 (1998) requires fit testing of all respirators including those with positive pressure. The respirator fit test is done to check that the mask size and mask model chosen fits the face. The fit test confirms that the mask fits the wearer's face and that there is minimal air leakage between the face and the mask.

A respirator medical evaluation (questionnaire) conducted within the last 12 months by a qualified Licensed Healthcare Practitioner (LHP) or physician.



## TWO TYPES OF FIT TESTING

**Qualitative** fit testing is adequate and will comply with all APRs and most SCBAs (some SCBAs used for fire fighting may require quantitative fit test but these will not likely be used by applicators). Sample of total costs for having a company come to do fit tests and medical questionnaires are as follows: for <10 workers: \$100 per worker, 11-20 workers: \$78 per worker, 21-30 workers: \$58 per worker (see <http://bestfittest.com/> ). Companies may be willing to negotiate competitive prices.

**Quantitative** fit testing gives an objective measure of the quality of the seal between the wearer's face and the facepiece. A fit factor number is produced.

**Cost:\$8200 Rental:\$600.00**  
**Supplies: \$125/24 test**  
**Respirator Adapter: \$125 - 275**



**Growers can do their own fit testing as long as they conduct once a year and document using an approved test.**



# RESPIRATOR FIT TEST RECORD

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

Date: \_\_\_\_\_

Fit testing conducted in compliance with OSHA Standard 1910.134(F).   
 If other local, state or federal regulations apply (such as MSHA), you may list them here:  
 \_\_\_\_\_

Name of Fit Tester: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Type of OSHA accepted fit test protocol used: (Qualitative): \_\_\_ Saccharin \_\_\_ Bitrex™ \_\_\_ Isoamyl Acetate \_\_\_ Irritant Smoke  
 (Quantitative): Portacount Model # \_\_\_\_\_ Occupational Health Dynamic Model #: \_\_\_\_\_

Name (please print)	Signature	Respirator Fit Tested (Make, Model, Style, Size)	Fit Test		Could not be fit tested due to:
			Pass	Fail	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

# GAS DETECTION



Detector tube Pump - \$340.00 - \$400.00

Gas Detection tubes - \$12.00/sampling tube

Chemical	Gas
Metam Sodium	methyl isothiocyanate
Chlorpicrin	chlorpicrin
PALADIN	dimethyl disulfide
Telone II	1,3-dichloropropen
MIDAS	methyl iodide
Methyl Bromide	methyl bromide



Handheld volatile organic compound (VOC) detector  
Its uses Photoionization Detector (PID)

MiniRAE 2000

Chemical	Gas
Metam Sodium	methyl isothiocyanate
Chlorpicrin	chlorpicrin
PALADIN	dimethyl disulfide
Telone II	1,3-dichloropropen
MIDAS	methyl iodide
Methyl Bromide	methyl bromide

\$3,500- 5,000



PHOTOVAC



# Tarp Perforation & Removal

## Perforation

- 5 days after fumigant application is complete

## Removal

- 2 hours after perforation is complete

# Tarp Perforation Requirements - Broadcast Applications

- Must perforate *each panel* of tarp (mechanically) two hours before removal
- Complete before noon
- Cannot perforate if rainfall is expected within 12 hours



# Early Tarp Perforation & Removal

Early removal (before 5 days) for broadcast applications

- Only if integrity of tarp is compromised by adverse weather conditions & tarp poses a safety hazard

Early perforation - flood prevention activities



30

# Entry Restricted Period by Scenario

<i>If</i> application is...	<i>and</i> tarp is...	_____ days after application is completed	workers may enter...
1. Untarped	-	-	5 days after application is complete
2. Tarped	Perforated & Removed	within 14 days	after tarp is removed
3. Tarped	Perforated <u>BUT Not</u> Removed	within 14 days	48 hours after perforating tarps
4. Tarped	Perforated and/or Removed	more than 14 days	5 days after application is complete

# Scenario 1 - Entry Restricted Period for Untarped Applications

5 days after application is complete



Shank Untarped

Drip Untarped



Center Pivot





# Scenario 2 - Entry Restricted Period for Tarped Applications



If tarps are perforated & removed less than  
14 days...

➡ Enter after tarp is removed

# Scenario 3 - (Not ideal, may lose efficacy)

## Entry Restricted Period for Tarped Applications



When tarps remain on field at least 14 days,  
but poke hole between days 5 and 14 ...




Enter 48 hours after perforating  
tarps

# Scenario 4 (Ideal) - Entry Restricted Period for Tarped Applications



When tarps remain on field at least 14 days and are not perforated for 14 days or more...

 Enter after 5 days

# Summary

- All soil fumigants will be restricted use
- “Handlers” is defined – and activities listed on label
- Handlers must stop work or wear a respirator if experiencing sensory irritation
- Tarps must remain on treated fields for 5 days after application, with some exceptions
- Only protected handlers can enter the application block during the entry restricted period
- Entry restricted period varies by application scenario

Fumigant Management Plans  
and  
Post Application Summary  
Reports

# 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

# 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

# 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



# FMP Templates and Tools

- Adobe Acrobat templates
- Microsoft Word templates
- Web-based tool

# 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.

I. Certified Applicator Supervising the Fumigation			
Name: [ ]	Phone number: [ ]	License and/or certificate number: [ ]	<input type="checkbox"/> Commercial applicator
Employer name: [ ]	Employer address: [ ]		<input type="checkbox"/> Private applicator
II. General Site Information			
Application block/field location (e.g., county, township-range-section quadrant), address including zip code, or global positioning system (GPS) coordinates: [ ]			
III. Owner/operator of Application Block			
Name: [ ]	Address: [ ]	Phone number: [ ]	
IV. Recordkeeping			
<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.			
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"/> 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): [ ]
VI. Emergency Response Plan			
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: [ ]			

# 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: _____ Part Number: _____	Batch 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)		
<b>USDA Feel and Appearance Method</b> <input type="checkbox"/>	<b>Instrument</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
Description of soil: _____	Instrument used: _____	Describe method: _____
Percent soil moisture estimate: _____	Percent soil moisture: _____	Percent soil moisture: _____

# FMP Sample Template

<b>XI. Weather Conditions</b>		
Summary of the weather <b>on the day of the application</b> (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: <input type="text"/> Inversion conditions: <input type="text"/> Air-Stagnation Advisories: <input type="text"/> Other: <input type="text"/>		
Summary of the weather <b>during the 48-hour period following the fumigant application</b> (a printed copy may be attached to the FMP): <input type="checkbox"/> Check here if printed copy is attached to the FMP or complete following: Wind Speed: <input type="text"/> Inversion conditions: <input type="text"/> Air-Stagnation Advisories: <input type="text"/> Other: <input type="text"/>		
<b>XII. Posting Signs – Fumigant Treated Area</b>		
Name(s) of person(s) posting Fumigant Treated Area signs: <input type="text"/>		
Treated Area Signs posting date: <input type="text"/> Treated Area Signs removal date: <input type="text"/>		
<b>XIII. Air Monitoring Plan</b>		
If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropicrin or greater than or equal to 5 ppm for methyl bromide, handlers must stop work and leave the application block.		
Will the product applied contain at least 20% chloropicrin? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If Yes, if sensory irritation is experienced check which of the following be procedures will be followed: <input type="checkbox"/> Intend to cease operations or <input type="checkbox"/> Intend to continue operations with respiratory protection		
<b>Handler Tasks to be Monitored</b>	<b>Monitoring Equipment</b>	<b>Timing</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Full Face Respirator Response Plan</b>		
If either: (1) a handler experiences any sensory irritation when wearing an full face air-purifying respirator, or (2) a methyl bromide air sample is greater than 5 ppm or 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 ease the emergency plan detailed will be implemented: <input type="text"/>		

# FMP Sample Template

XIV. 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"/> Weather Conditions <input type="checkbox"/> Soil Temperature <input type="checkbox"/> Soil Moisture <input type="checkbox"/> Soil Preparation	<b><u>Bedded and Broadcast Shank Applications</u></b> <input type="checkbox"/> Tarps <input type="checkbox"/> Soil Preparation <input type="checkbox"/> Application Depth and Spacing <input type="checkbox"/> Prevention of End Row Spillage <input type="checkbox"/> Calibration, Set-up, Repair, and Maintenance for Application Rigs
<b><u>Tree Replant Application Using Handheld Equipment</u></b> <input type="checkbox"/> Soil Preparation <input type="checkbox"/> Application Depth <input type="checkbox"/> System Flush <input type="checkbox"/> Soil sealing  <input type="checkbox"/> Hot Gas Applications to Soil, Potting Mixes, and Tobacco Seedling Trays <input type="checkbox"/> Pre-Plant Soil Fumigation in Greenhouses <input type="checkbox"/> Control of <u>Armillaria mellea</u> (oak root fungus) for orchard replant applications <input type="checkbox"/> Non-tarp nematode control (only for deep shank orchard replant and hand held tree-hole application in CA)	
Description of other product specific GAPs from label that will be followed: <input type="text"/>	

# FMP Sample Template

## 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)
[REDACTED]	[REDACTED]	<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 [REDACTED]	<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: [REDACTED] <input type="checkbox"/> No respirator  PPE training date: [REDACTED]	Make: [REDACTED] Model: [REDACTED] Type: [REDACTED] Style: [REDACTED] Size: [REDACTED] Cartridge type: [REDACTED] Fit test date: [REDACTED] Training date: [REDACTED] Medical date: [REDACTED]
<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> [REDACTED]				

# 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 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): _____
Weather Conditions			
Summary of the weather <b>on the day of the application</b> (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 <b>during the 48-hour period following the fumigant application</b> (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: _____	

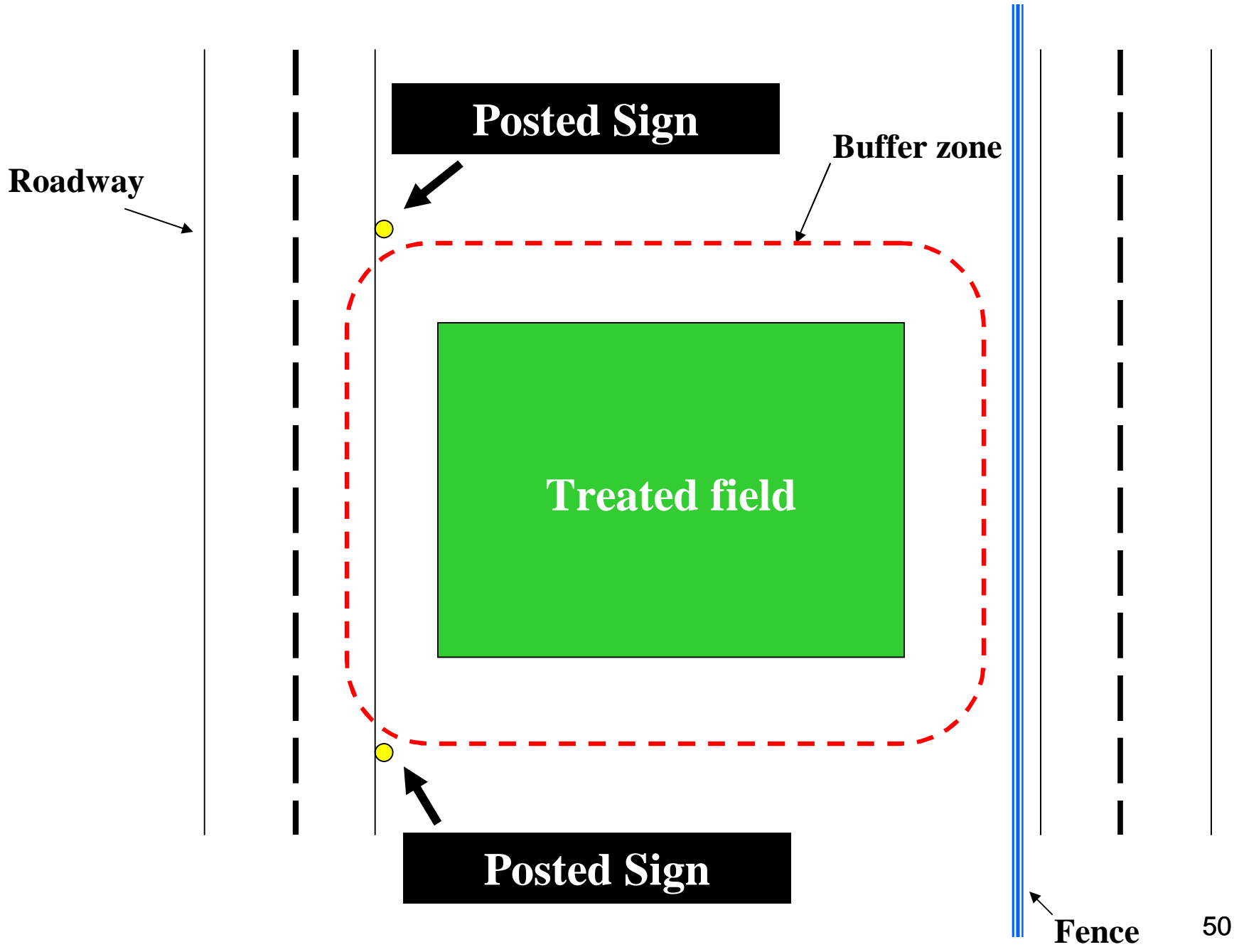
# Post Application Summary Sample Template

<b>Complaints</b> (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: _____	
<b>Description of Incidents</b> (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: _____	
<b>Communication Between Applicator, Owner/Operator, and Other On-site Handlers</b> (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): _____	
<b>Posting Signs – Fumigant Treated Area</b>	
Date(s) of Fumigant Treated Area sign removal: _____	Description of deviations from FMP (if applicable): _____
<b>Handler Information for Changes Since the FMP</b>	
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)	
<b>Other Deviations from the FMP</b>	
Additional comments/notes: _____	



# Buffer Zones

Distances, Credits & Posting  
(2011)



# Treated Area Posting Signs (already required on labels)



## Buffer zone sign must include:



- "Do Not Walk" symbol
- "DO NOT ENTER/NO ENTRE,"
- "[Name of fumigant, name of product] Fumigant BUFFER ZONE"
- certified applicator contact information

# Information for Handlers (2010)

- Registrants must develop and disseminate basic safety information for handlers
  - Increase fumigant handlers' safety awareness
- Information:
  - Safe handling practices
  - Respiratory protection
  - Early signs of exposure
  - What to do in case of exposure or emergency
- Certified applicators must make sure handlers receive information within the last year

# Training for Certified Applicators (2011)

- Required for certified applicators in charge of fumigations
  - Increase knowledge and skill
- Information on how to:
  - Correctly apply fumigants
  - Protect workers and others
  - Comply with new label requirements

# EPA Contact Information

- General Contact:
  - John Leahy (703) 305-6703

**UGA Commercial Vegetable Information Website**

**<http://www.caes.uga.edu/commodities/fruits/veg/index.html>**