

**PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN
(CHLOROPICRIN/1,3-DICHLOROPROPENE PRODUCTS)**

FMP Elements:

- [I. Certified Applicator Supervising the Application](#)
- [II. General Site Information](#)
- [III. Application Block Owner Information](#)
- [IV. Recordkeeping](#)
- [V. General Application Information](#)
- [VI. Buffer Zones](#)
- [VII. Emergency Response Plan](#)
- [VIII. Communication Between Applicator, Owner and Other On-site Handlers](#)
- [IX. Handler Information](#)
- [X. Enclosed Cabs](#)
- [XI. Tarp Plan](#)
- [XII. Soil Conditions](#)
- [XIII. Posting Signs – Fumigant Treated Area and Buffer Zone](#)
- [XIV. Emergency Preparedness and Response Measures](#)
- [XV. State and/or Tribal Lead Agency Advance Notification](#)
- [XVI. Air Monitoring Plan](#)
- [XVII. Good Agricultural Practices \(GAPs\)](#)

Attachments:

Check the boxes if the information below is attached as a separate document to the FMP.

- Site map, aerial photo or detailed sketch
- Description of evacuation routes (this can be included in the site map)
- Written agreement, if the buffer zone extends onto land not under the control of the owner of the application block
- Handler Information (Use EPA's Microsoft Word or PDF template)
- GAPs
- Other: _____

PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN (CHLOROPICRIN/1,3-DICHLOROPROPENE PRODUCTS)

I. Certified Applicator Supervising the Application			
Name:	Phone number:	License and/or certificate number:	<input type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name:	Employer address:		
Date and location of completing EPA approved certified applicator training program:			

II. General Site Information
Application block location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates:
<input type="checkbox"/> 1,3-Dichloropropene has not been used on this application block in the previous two years.
<input type="checkbox"/> There are no occupied structures within 100 feet of the application block during the seven consecutive days after the application.
<input type="checkbox"/> Site map, aerial photo attached to the FMP or detailed sketch provided below that shows (application block location, application block dimensions, buffer zone dimensions, property lines, roadways, rights-of-ways, sidewalks, permanent walking paths, bus stops, wells, karst topography, nearby application blocks, surrounding structures (occupied and non-occupied), locations of Buffer Zone signs, and locations of difficult to evacuate sites within 1/4 mile of the application block if the buffer zone is greater than 300 feet, or 1/8 mile if the buffer zone is 300 feet or less).
Comments:

III. Application Block Owner Information			
Name:	Address:	Phone number:	
IV. Recordkeeping			
<input type="checkbox"/> The owner 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:	
VI. Buffer Zones			
Application method: <input type="checkbox"/> Tarp strip <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) <input type="checkbox"/> Multiple crop under a previously perforated tarp	Application Rate from the buffer zone table on the label, (if the rate used is not in the buffer zone table, round up to the next value):	Injection Depth (inches):	Application Block Size from the buffer zone table on the label, (if the block size is not in the buffer zone table, round up to the next value):
Credits applied and measurements taken (if applicable):			
<input type="checkbox"/> Tarp: _____% <ul style="list-style-type: none"> • Brand name and tarp manufacturer: • Lot number: • Batch number: • Part number: • Thickness: • Color: <input type="checkbox"/> Symmetry™ application system: : _____% <input type="checkbox"/> Potassium thiosulfate: : _____% <input type="checkbox"/> Water seal: : _____% <input type="checkbox"/> Organic matter content: _____ (measurement), _____% <input type="checkbox"/> Clay content: _____ (measurement), _____% <input type="checkbox"/> Soil temperature: _____ (measurement), _____% Total credits: : _____%			
Buffer zone distance:			
Are there areas in the buffer zone that are not under the control of the owner of the application block? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the areas and attach the written agreement to the FMP.			

VII. Emergency Response Plan

Description of evacuation routes (a diagram or drawing may be attached to the FMP):

Check here if diagram or drawing is attached or if evacuation routes are included in the site map.

Locations of telephones:

Contact information for first responders:

Local/state/federal contacts:

Emergency procedures/responsibilities in case of an incident, sensory irritation is experienced outside of the buffer zone and/or there are equipment/tarp/seal failure, complaints or other emergencies:

VIII. Communication Between Applicator, Owner, and Other On-site Handlers

Pesticide product labels and material safety data sheets are at the application block 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? Yes No

If no, describe how the certified applicator will share the label requirements with the owner and/or handlers who will be present at the application block after the application is complete until the entry restricted period expires. Include the name and phone number of persons contacted as well as the date they were contacted.

IX. Handler Information (use EPA's Microsoft Word or PDF version of the handler information template)

- Information for all handlers is attached to the FMP
- Handlers have the proper respirators and cartridges/canisters
- Appropriate respirators and cartridges/canisters are available for each handler that will wear one

Comments/notes:

X. Enclosed Cabs (check here if section is not applicable)

Check boxes below once the information has been verified

- Positive pressure is 6 mm H₂O Gauge
- Minimum air intake flow is 43 m³/hour
- Enclosed cab is equipped with activated charcoal filter-media containing no less than 1000 grams of activated charcoal
- Ventilation system is maintained according to manufacturer's instructions

Record the hours of application time for the filter: _____

XI. Tarp Plan (check here if section is not applicable)

Schedule for checking tarps for damage, tears, and other problems:

Minimum size of damage that will be repaired:

Factors used to determine when tarp repair will be conducted:

Equipment/methods used to perforate tarps: mechanical: _____ hand: _____

Target dates for perforating tarps:

Target dates for removing tarps:

Is this a multiple crop application under a previously perforated tarp? Yes or No

XII. Soil Conditions

Soil texture:

Soil Temperature: Has the air temperature been above 100 °F in any of the 3 days prior to application? Yes or No
(check here if not applicable)

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

Description of soil:

Instrument

Instrument used:

Other

Describe method:

Percent water capacity estimate:

Percent water capacity:

Percent water capacity:

XIII. Posting Signs – Fumigant Treated Area and Buffer Zone

Name(s) of person(s) posting and removing Fumigant Treated Area and Buffer Zone signs:

Location of Buffer Zone signs:

XIV. Emergency Preparedness and Response Measures (check here if section is not applicable)

If Emergency Preparedness and Response Measures are triggered, check the option below that will be used:

Fumigant site monitoring or Response information for neighbors

Fumigant site monitoring (if applicable)

List when and where it will be conducted:

Response information for neighbors (if applicable)

List residences and businesses informed:

Name and phone number of person providing the information:

List the method of providing the information:

XV. State and/or Tribal Lead Agency Advance Notification (check here if section is not applicable)

Date notified:

Person notified:

XVI. Air Monitoring Plan

If monitoring indicates air concentrations greater than or equal to 1.5 ppm for chloropicrin, handlers must stop work and leave the application block.

If sensory irritation is experienced check which of the following be procedures will be followed:

Intend to cease operations or Intend to continue operations with respiratory protection

Handler Tasks to be Monitored

Monitoring Equipment

Timing

XVII. Good Agricultural Practices (GAPs)

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.

General

- Tarps
- Weather Conditions
- Soil Preparation
- Soil Sealing

Bedded and Broadcast Shank Applications

- Tarps
- Soil Preparation
- Soil Temperature
- Soil Moisture
- Application Depth
- Prevention of End Row Spillage
- Calibration, Set-up, Repair, and Maintenance for Application Rigs

Drip Irrigation Applications

- Tarps
- Soil Preparation
- Soil Temperature
- Soil Moisture
- System Controls and Integrity
- Site of Injection and Irrigation System Layout
- System Flush
- Soil Sealing
- Pre-Plant Soil Fumigation in Greenhouses

Tree Replant Application Using Handheld Equipment

- Soil Preparation
- Application Depth
- System Flush
- Soil Sealing

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 application

Date

Handler (including certified applicator) Information and PPE

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)
		<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"/> 11 _____	<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"/> Chemical-resistant suit <input type="checkbox"/> Chemical-resistant headgear <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 PPE training date: _____	Make: Model: Type: Style: Size: Cartridge/canister type: Fit test date: Training date: Medical qualification date:

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 or removing tarps
 5. Repairing, or monitoring tarps until 14 days after the application is complete if tarps are not perforated and removed during those 14 days.

6. Monitoring fumigant air concentrations
 7. Handling or disposing of fumigant containers
 8. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues
 9. Installing, repairing, operating, or removing irrigation equipment in the application block or buffer zone
 10. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone
 11. Performing other WPS handling tasks

Comments/notes: