

**PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN
(PALADIN[®] (DMDS) AND CHLOROPICRIN 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. Weather Conditions
- XIV. Posting Signs – Fumigant Treated Area and Buffer Zone
- XV. Emergency Preparedness and Response Measures
- XVI. State and/or Tribal Lead Agency Advance Notification
- XVII. Air Monitoring Plan
- XVIII. 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 (PALADIN® (DMDS) AND 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 Application			
Name:	Phone number:	License and/or certificate number:	<input type="checkbox"/> Commercial applicator
Employer name:	Employer address:		<input type="checkbox"/> Private applicator
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"/> 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, nearby application blocks, surrounding structures (occupied and non-occupied), locations of Buffer Zone signs, and locations of difficult to evacuate sites within ¼ 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:			
Optional notification of application made to local (check all that apply): <input type="checkbox"/> Sheriff/Police Dept. <input type="checkbox"/> Fire Department <input type="checkbox"/> Gas Company <input type="checkbox"/> Other:			
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:	
	EPA Registration Number: -	Fumigant Product Name:	
VI. Buffer Zones			
Application method: <input type="checkbox"/> Tarp bedded <input type="checkbox"/> Tarp broadcast <input type="checkbox"/> Tarp drip	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): NOTE: Application rates of most Paladin® chloropicrin blends will result in small chloropicrin rates under tarps required for Paladin®. In almost all cases, the Paladin® label will dictate the buffer zone size, but be sure and confirm this with the Chloropicrin label used.	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):
Tarp: Brand name and tarp manufacturer: _____, Lot number: _____, Batch number: _____, Part number: _____, Thickness: _____, Color: _____ <input type="checkbox"/> Tarp matches brand/type listed on EPA website for DMDS approved tarps.			
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):			
<input type="checkbox"/> 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 (Complete and attach a Handler Information form for each Handler)

Information for all handlers is attached to the FMP

At minimum 2 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 is 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

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:

XII. Soil Conditions

Soil texture:

Soil Temperature at injection depth (must be 45-90°F at start of application):

Soil Moisture (MUST be at least 75% field capacity at 2-9 inches): (check the box of the method used to determine the soil moisture)

Date and time soil moisture determined:

USDA Feel and Appearance Method <input type="checkbox"/>	Instrument <input type="checkbox"/>	Other <input type="checkbox"/>
Description of soil:	Instrument used:	Describe method:
Percent water capacity estimate:	Percent water capacity:	Percent water capacity:

XIII. Weather Conditions

Weather forecast for **the day of the application** (a printed copy may be attached to the FMP):

Check here if printed copy is attached to the FMP or complete the following:

Wind Speed and Direction: Inversion conditions: Air-Stagnation Advisories: Other:

Weather forecast for **the 48-hour period following the fumigant application** (a printed copy may be attached to the FMP):

Check here if printed copy is attached to the FMP or complete following:

Wind Speed and Direction: Inversion conditions: Air-Stagnation Advisories: Other:

XIV. 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:

XV. 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:
---	---

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

Date notified:
Person notified:

XVII. Air Monitoring Plan

If sensory irritation for chloropicrin is detected and 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 from chloropicrin is experienced check which of the following be procedures will be followed:
 Intend to cease operations or Intend to continue operations with respiratory protection

If garlic-like odor from Paladin[®] is detected 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

XVIII. 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.

<p><u>Bedded and Broadcast Shank Applications</u></p> <input type="checkbox"/> Equipment <input type="checkbox"/> Planting Interval <input type="checkbox"/> Tarps <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Soil Preparation <input type="checkbox"/> Soil Temperature <input type="checkbox"/> Soil Moisture <input type="checkbox"/> Application Depth <input type="checkbox"/> Prevention of End Row Spillage <input type="checkbox"/> Calibration, Set-up, Repair, and Maintenance for Application Rigs <input type="checkbox"/> Soil Sealing	<p><u>Drip Irrigation Applications</u></p> <input type="checkbox"/> Application Methods and Equipment <input type="checkbox"/> Planting Interval <input type="checkbox"/> Tarps <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Soil Preparation <input type="checkbox"/> Soil Temperature <input type="checkbox"/> Soil Moisture <input type="checkbox"/> Product and Dosage <input type="checkbox"/> System Controls and Integrity <input type="checkbox"/> Site of Injection and Irrigation System Layout <input type="checkbox"/> System Flush <input type="checkbox"/> Soil Sealing <input type="checkbox"/> Calibration, Set-up, Repair, and Maintenance for Application Equipment
--	--

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