

STATE OF CALIFORNIA
FUMIGANT MANAGEMENT PLAN
(FIELD FUMIGATION)

DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH

DPR-ENF-227 (NEW 12-12) PAGE 1 OF 6

PAGE _____ OF _____

-- Address ALL Fumigant Management Plan Labeling Requirements --

A. Supervising Certified Applicator On-Site

NAME		INDIVIDUAL LICENSE NUMBER	LICENSE / CERTIFICATE TYPE
PEST CONTROL BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	<input type="checkbox"/> QAL SUBCATEGORY O <input type="checkbox"/> QAC SUBCATEGORY O <input type="checkbox"/> *PAC (Complete section below)
PAC	DATE OF TRAINING	LOCATION OF TRAINING (Number and Street, City, State, ZIP Code OR Web Site)	
	ACTIVE INGREDIENT(S)		

B. Owner / Operator of the Application Block Property

NAME	TELEPHONE NUMBER (Include Area Code)	PERMIT NUMBER
ADDRESS (Number and Street, City, State, ZIP Code)		

C. County / Tribal Notification

COUNTY TO WHICH NOTICE OF INTENT WAS SUBMITTED	DATE NOTICE OF INTENT APPROVED
TRIBAL LEAD AGENCY (If applicable)	NAME OF PERSON NOTIFIED
	DATE NOTIFIED

D. Recordkeeping

CHECK HERE IF 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 FUMIGANT MANAGEMENT PLAN AND POST-APPLICATION SUMMARY FOR 2 YEARS FROM THE DATE OF APPLICATION.

E. General Site Information

ADDRESS OF APPLICATION BLOCK (Number and Street, City, State, ZIP Code)

SITE IDENTIFICATION NUMBER	BLOCK NUMBER	BLOCK SIZE (ACRES)
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SITE MAP, AERIAL PHOTOGRAPH ATTACHED TO THE FMP, OR DETAILED SKETCH 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 UNOCCUPIED), LOCATIONS OF BUFFER ZONE SIGNS, LOCATIONS OF DIFFICULT TO EVACUATE SITES WITH DISTANCES FROM THE APPLICATION BLOCK INDICATED, AND ANY OTHER SITE DETAILS REQUIRED BY PRODUCT LABELING.

CHECK HERE IF MAP AND SITE INFORMATION ARE ATTACHED

FUMIGANT MANAGEMENT PLAN (FIELD FUMIGATION)

DPR-ENF-227 (NEW 12-12) PAGE 2 OF 6

PAGE _____ OF _____

F. General Application Information

PRODUCT NAME	U.S. EPA REGISTRATION NUMBER	TARGET APPLICATION DATE / WINDOW
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APPLICATION RATE (POUNDS OR GALLONS OF PRODUCT / TREATED AREA)	WEATHER FORECAST REVIEWED <input type="checkbox"/> YES
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APPLICATION METHOD					
<input type="checkbox"/> FLOOD	<input type="checkbox"/> SPRINKLER*	<input type="checkbox"/> SPRAY BLADE DEPTH (In.) _____	<input type="checkbox"/> DRIP DEPTH (In.) _____		
<input type="checkbox"/> DRENCH	<input type="checkbox"/> SHANK DEPTH (Inches) _____	<input type="checkbox"/> ROTARY TILL DEPTH (In.) _____	<input type="checkbox"/> OTHER (Specify) _____		

*SPRINKLER	WATER PRESSURE (Pounds per square inch)	NOZZLE SIZE	LENGTH / LINE	IRRIGATION RATE (Inches / hr.)
	IRRIGATION SET NUMBER	LINES / SET	ACRES TREATED / SET	

TREATMENT TYPE (Mark as applicable)					
<input type="checkbox"/> BROADCAST (Entire field)	<input type="checkbox"/> ROWS (Flat fume)	<input type="checkbox"/> STRIP			
<input type="checkbox"/> RAISED BEDS	<input type="checkbox"/> TREE HOLES	<input type="checkbox"/> OTHER _____			

G. Emergency Response Plan

EMERGENCY TELEPHONE NUMBER(S)	COUNTY AGRICULTURAL COMMISSIONER OFFICE TELEPHONE NUMBER (Include Area Code)
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PROPERTY OPERATOR NAME	PROPERTY OPERATOR TELEPHONE NUMBER (Include Area Code)
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PROPERTY OPERATOR ADDRESS (Number and Street, City, State, ZIP Code)
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CERTIFIED APPLICATOR NAME	CERTIFIED APPLICATOR TELEPHONE NUMBER (Include Area Code)
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CERTIFIED APPLICATOR ADDRESS (Number and Street, City, State, ZIP Code)

LOCATION OF ON-SITE TELEPHONE(S)

DESCRIPTION OF HOW COMMUNICATION WILL TAKE PLACE BETWEEN THE CERTIFIED APPLICATOR AND OTHER PERSONS

DESCRIPTION OF EVACUATION ROUTES

EMERGENCY PROCEDURES / RESPONSIBILITIES IN CASE OF AN INCIDENT, EQUIPMENT/TARP/SEAL FAILURE, COMPLAINTS OR ELEVATED AIR CONCENTRATION LEVELS SUGGESTING POTENTIAL PROBLEMS, OR OTHER EMERGENCIES

H. Communication Plan for Certified Applicator / Property Operator / Handlers

ON-SITE COMMUNICATION AND HAZARD COMMUNICATION CONFORMS TO 3 CCR SECTIONS 6618, 6619, 6723, AND 6723.1 AND THIS FUMIGATION PLAN <input type="checkbox"/> YES	MSDS AND LABELS FOR ALL PESTICIDES APPLIED ARE AVAILABLE ON-SITE <input type="checkbox"/> YES
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DESCRIBE ANY INSTRUCTIONS ABOUT POST-APPLICATION ACTIVITIES THAT THE CERTIFIED APPLICATOR COMMUNICATED TO THE PROPERTY OPERATOR / OWNER AND/OR TO HANDLERS. INCLUDE THE NAME AND TELEPHONE NUMBER OF THE PROPERTY OPERATORS OR HANDLERS CONTACTED BY THE CERTIFIED APPLICATOR AND DATE CONTACTED.

I. Respiratory Program

WRITTEN RESPIRATORY PROGRAM DOCUMENT IS: <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE AT BUSINESS HEADQUARTERS*	TELEPHONE NUMBER (Include Area Code)
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*BUSINESS HEADQUARTERS ADDRESS (Number and Street, City, State, ZIP Code)

FUMIGANT MANAGEMENT PLAN (FIELD FUMIGATION)

DPR-ENF-227 (NEW 12-12) PAGE 3 OF 6

PAGE _____ OF _____

J. Soil Conditions (immediately prior to application)

SOIL MOISTURE / DEPTH	SOIL MOISTURE METHOD USED	SOIL TEXTURE	SOIL TEMPERATURE °F / DEPTH

K. Tarp Plan

CHECK IF TARPS ARE NOT USED

TARP TYPE (Mark as applicable)

- HIGH BARRIER TOTALLY IMPERMEABLE (TIF) VIRTUALLY IMPERMEABLE (VIF) SEMI-VIRTUALLY IMPERMEABLE (SIF)
- HIGH-DENSITY POLYETHYLENE (HDPE) OTHER (Specify) _____

TARP MANUFACTURER AND BRAND NAME	LOT NUMBER	THICKNESS

TARP REPAIRS BY	TARP CHECK SCHEDULE

MINIMUM SIZE OF DAMAGE TO BE REPAIRED _____

FACTORS THAT DETERMINE WHEN TARP WILL BE REPAIRED _____

PERSON RESPONSIBLE FOR CUTTING TARPS	TARP CUTTING SCHEDULE / TARGET DATE

TARP CUTTING METHOD _____

PERSON RESPONSIBLE FOR REMOVING TARPS	TARP REMOVAL SCHEDULE / TARGET DATE

TARP REMOVAL METHOD _____

L. Buffer Zone Information

BUFFER ZONE DISTANCE	CREDITS APPLIED

MEASUREMENTS TAKEN TO SUPPORT THE CREDITS (If applicable) _____

ARE THERE AREAS IN THE BUFFER ZONE THAT ARE NOT UNDER THE CONTROL OF THE OWNER OF THE APPLICATION BLOCK? YES NO
IF YES, ATTACH A DESCRIPTION OR MAP OF THE AREAS, AND ATTACH THE WRITTEN AGREEMENT(S) FROM THE OWNERS / OPERATORS OF THOSE AREAS.

M. Posting Fumigant-Treated Area

PERSON(S) POSTING AND REMOVING SIGNS	POSTING CONFORMS TO 3 CCR SECTION 6776
	<input type="checkbox"/> YES

DATE OF POSTING	DATE OF REMOVAL	LOCATION OF TREATED AREA SIGNS

N. Posting Buffer Zone

PERSON(S) POSTING AND REMOVING SIGNS	POSTING COMPLIES WITH LABEL REQUIREMENTS
	<input type="checkbox"/> YES

DATE OF POSTING	DATE OF REMOVAL	LOCATION OF BUFFER ZONE SIGNS

FUMIGANT MANAGEMENT PLAN (FIELD FUMIGATION)

DPR-ENF-227 (NEW 12-12) PAGE 5 OF 6

PAGE _____ OF _____

R. Other Good Agricultural Practices

DESCRIPTION OF ALL OTHER APPLICABLE GOOD AGRICULTURAL PRACTICES (GAP)

DESCRIPTION OF MEASUREMENTS AND DOCUMENTATION ENSURING THAT GAPS ARE ACHIEVED

S. Other Requirements

RECORD ALL OTHER INFORMATION REQUIRED IN PRODUCT-SPECIFIC FUMIGANT MANAGEMENT PLAN LABELING

T. Attachments

- SITE MAP, AERIAL PHOTOGRAPH, OR DETAILED SKETCH
 - WRITTEN RESPIRATORY PROGRAM
 - WRITTEN AGREEMENT(S), IF THE BUFFER ZONE EXTENDS ONTO LAND NOT UNDER THE CONTROL OF THE OWNER OF THE APPLICATION BLOCK
 - COPY OF EMERGENCY PREPAREDNESS AND RESPONSE INFORMATION FOR NEIGHBORS
 - MITC CONTROL PLAN
 - OTHER (LIST)
-
-

FUMIGANT MANAGEMENT PLAN (FIELD FUMIGATION)

U. Authorized On-Site Personnel

Addresses and telephone numbers of handlers and employers available on file at: _____

Handler respiratory information and qualifications available on file at: _____

Training records for handlers available on file at: _____

AT LEAST _____ HANDLERS HAVE THE APPROPRIATE RESPIRATORS AND CARTRIDGES DURING HANDLER ACTIVITIES.

Employer confirms that appropriate respirator and cartridges are immediately available for each handler who will wear one.

AUTHORIZED ON-SITE PERSONNEL

HANDLER NAME	TASKS	PPE	EMPLOYER	*

* INDICATE IF HANDLER RECEIVED FUMIGANT SAFE HANDLING INFORMATION WITHIN PAST 12 MONTHS.

PPE CODE (EXAMPLE)

- 1. Long-sleeved shirt, long pants, shoes, socks, TC-23C full-face respirator with OV cartridge and prefilter when triggered.
- 2. Long-sleeved shirt, long pants, CR shoes, socks, CR gloves, CR apron, safety glasses, TC-23C full-face respirator with OV cartridge and prefilter when triggered.

I verify that the information provided in this Fumigant Management Plan and its attachments accurately reflect the actual conditions associated with this application. I certify that I will maintain this record and make it available for inspection for two years from the date of the application.

SIGNATURE OF CERTIFIED APPLICATOR SUPERVISING APPLICATION

DATE