

**-- Address ALL Fumigant Management Plan Labeling Requirements --**

**A. Supervising Certified Applicator On-Site**

NAME		INDIVIDUAL LICENSE NUMBER	LICENSE / CERTIFICATE TYPE <input type="checkbox"/> QAL SUBCATEGORY O <input type="checkbox"/> QAC SUBCATEGORY O <input type="checkbox"/> PAC* (Complete section below)
PEST CONTROL BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	

*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)**

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**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)	
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LOCATION OF ON-SITE TELEPHONE(S)	
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DESCRIPTION OF HOW COMMUNICATION WILL TAKE PLACE BETWEEN THE CERTIFIED APPLICATOR AND OTHER PERSONS	
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DESCRIPTION OF EVACUATION ROUTES	
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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*	
*BUSINESS HEADQUARTERS ADDRESS (Number and Street, City, State, ZIP Code)	TELEPHONE NUMBER (Include Area Code)

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

**K. Tarp Plan** CHECK IF TARPS ARE NOT USEDTARP TYPE (*Mark as applicable*)

<input type="checkbox"/> HIGH BARRIER	<input type="checkbox"/> TOTALLY IMPERMEABLE (TIF)	<input type="checkbox"/> VIRTUALLY IMPERMEABLE (VIF)	<input type="checkbox"/> SEMI-VIRTUALLY IMPERMEABLE (SIF)
<input type="checkbox"/> HIGH-DENSITY POLYETHYLENE (HDPE)	<input type="checkbox"/> OTHER ( <i>Specify</i> ) _____		

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

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**O. Air Monitoring Plan**

WHEN AIR MONITORING IS REQUIRED, DIRECT READ DETECTION MONITORING DEVICE TO BE USED:

- DRAEGER                     
  MATHESON-KITAGAWA                     
  SENSIDYNE                     
  OTHER \_\_\_\_\_

WHEN SENSORY IRRITATION IS EXPERIENCED, OPERATIONS WILL:

- CEASE; PERSONNEL WILL BE WITHDRAWN FROM THE SITE  
 CONTINUE WITH HANDLERS WEARING AIR-PURIFYING RESPIRATORS

WHEN NECESSARY, AIR MONITORING WILL BE PERFORMED BY \_\_\_\_\_ (Address and telephone number available on file at the business)

WHEN NECESSARY, THE FOLLOWING REPRESENTATIVE HANDLER TASKS WILL BE MONITORED

THE TIMING OF THE MONITORING THAT WILL BE PERFORMED IS AS FOLLOWS

**P. Emergency Preparedness and Response Measures**

CHECK HERE IF NOT APPLICABLE

IF EMERGENCY PREPAREDNESS AND RESPONSE MEASURES ARE REQUIRED, CHOOSE ONE OF THE TWO FOLLOWING OPTIONS:

**OPTION 1: FUMIGANT SITE MONITORING (If applicable)**

NAME OF PERSON MONITORING

METHOD OF MONITORING:

- SENSORY IRRITATION                     
  MECHANICAL DEVICE (Required for methyl bromide formulations with less than 20% chloropicrin)

LOCATIONS AND TIMES MONITORING WILL BE PERFORMED:

**OPTION 2: RESPONSE INFORMATION FOR NEIGHBORS (If applicable)**

NAME OF PERSON PROVIDING THE INFORMATION

TELEPHONE NUMBER OF PERSON PROVIDING THE INFORMATION (Include Area Code)

PROVIDE LIST OF RESIDENCES AND BUSINESSES INFORMED

**Q. Difficult to Evacuate Sites**

DIFFICULT TO EVACUATE SITES INCLUDE: PRE-K TO GRADE 12 SCHOOLS, STATE-LICENSED DAY CARE CENTERS, NURSING HOMES, ASSISTED LIVING FACILITIES, HOSPITALS, IN-PATIENT CLINICS, AND PRISONS. CHECK ALL THAT APPLY:

- WITHIN 1/8 MILE                     
  WITHIN 1/4 MILE                     
  SHOWN ON MAP                     
  NOT APPLICABLE

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**R. Other Good Agricultural Practices**

DESCRIPTION OF ALL OTHER APPLICABLE GOOD AGRICULTURAL PRACTICES (GAP)

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DESCRIPTION OF MEASUREMENTS AND DOCUMENTATION ENSURING THAT GAPS ARE ACHIEVED

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**S. Other Requirements**

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

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**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)
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