STATE OF CALIFORNIA

FUMIGANT MANAGEMENT PLAN (FIELD FUMIGATION)

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DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

PAGE _____ OF _____

-- Address ALL Fumigant Management Plan Labeling Requirements --

A. Supervising Certified Applicator On-Site

NAME	INDIVIDUAL LICENSE NUMBER	LICENSE / CERTIFICATE TYPE
		☐ QAL SUBCATEGORY O ☐ QAC SUBCATEGORY O ☐ *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)*

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

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F. General Application Information

PRODUCT NAME	U.S. EPA REGISTRATION NUMBER	TARGET APPLICATION DATE / WINDOW

APPLICATION RATE *(POUNDS OR GALLONS OF PRODUCT / TREATED AREA)*	WEATHER FORECAST REVIEWED ☐ YES

APPLICATION METHOD

☐ FLOOD ☐ SPRINKLER* ☐ SPRAY BLADE DEPTH *(In.)*_____ ☐ DRIP DEPTH *(In.)*_____

☐ DRENCH ☐ SHANK DEPTH *(Inches)*_____ ☐ ROTARY TILL DEPTH *(In.)*_____ ☐ 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)*

☐ BROADCAST *(Entire field)* ☐ ROWS *(Flat fume)* ☐ STRIP

☐ RAISED BEDS ☐ TREE HOLES ☐ OTHER_____

G. Emergency Response Plan

EMERGENCY TELEPHONE NUMBER(S)	COUNTY AGRICULTURAL COMMISSIONER OFFICE TELEPHONE NUMBER (*Include Area Code*)
PROPERTY OPERATOR NAME	PROPERTY OPERATOR TELEPHONE NUMBER (*Include Area Code*)

PROPERTY OPERATOR ADDRESS *(Number and Street, City, State, ZIP Code)*

CERTIFIED APPLICATOR NAME	CERTIFIED APPLICATOR TELEPHONE NUMBER (*Include Area Code*)

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	MSDS AND LABELS FOR ALL PESTICIDES APPLIED ARE AVAILABLE ON-SITE
☐ YES	☐ YES

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: ☐ ATTACHED ☐ ON FILE AT BUSINESS HEADQUARTERS*

*BUSINESS HEADQUARTERS ADDRESS *(Number and Street, City, State, ZIP Code)*	TELEPHONE NUMBER (*Include Area Code*)

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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? IF YES, ATTACH A DESCRIPTION OR MAP OF THE AREAS, AND ATTACH THE WRITTEN AGREEMENT(S) FROM THE OWNERS / OPERATORS OF THOSE AREAS. ☐ YES ☐ NO

M. Posting Fumigant-Treated Area

PERSON(S) POSTING AND REMOVING SIGNS	POSTING CONFORMS TO 3 CCR SECTION 6776 ☐ 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 ☐ 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

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
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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