

STATE OF CALIFORNIA
FUMIGANT MANAGEMENT PLAN
(FIELD FUMIGATION)

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A. Supervising Certified Applicator On-Site

NAME	INDIVIDUAL LICENSE NUMBER	GROWER EMPLOYEE CERTIFICATE NUMBER
PEST CONTROL BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER	CONTACT INFORMATION ON PERMIT / NOI? <input type="checkbox"/> YES

B. Operator of the Property

NAME	PERMIT NUMBER	CONTACT INFORMATION IN PERMIT / NOI? <input type="checkbox"/> YES
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C. General Application Information

PRODUCT NAME	U.S. EPA REGISTRATION NUMBER	TARGET DATE	WINDOW
SITE IDENTIFICATION NUMBER	BLOCK NUMBER	MAP AND SITE INFORMATION ON PERMIT? <input type="checkbox"/> YES	

APPLICATION METHOD (Mark as applicable)

<input type="checkbox"/> FLOOD	<input type="checkbox"/> SPRINKLER*	<input type="checkbox"/> SPRAY BLADE DEPTH (Inches) _____	<input type="checkbox"/> DRIP DEPTH (Inches) _____
<input type="checkbox"/> DRENCH	<input type="checkbox"/> SHANK DEPTH (Inches) _____	<input type="checkbox"/> ROTARY TILL DEPTH (Inches) _____	<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 _____

FUMIGANT CONTAINMENT (Mark as applicable)

<input type="checkbox"/> COMPACTION	<input type="checkbox"/> TARP	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SOIL CAP	<input type="checkbox"/> WATER (Attach post-application water treatment table)	

SOIL COMPACTION (Mark as applicable)

<input type="checkbox"/> DISC & ROLLER	<input type="checkbox"/> DRAG PIPE	<input type="checkbox"/> PRESS SEALER
<input type="checkbox"/> SHOVELS & ROLLER	<input type="checkbox"/> CULTIPACKER & DISC	<input type="checkbox"/> 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CEASE; PERSONNEL WILL BE WITHDRAWN FROM THE SITE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)

WHEN NECESSARY, THE FOLLOWING REPRESENTATIVE HANDLER TASKS WILL BE MONITORED

THE FOLLOWING MONITORING EQUIPMENT WILL BE USED

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

D. Tarps Used YES NO

TARP 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 (Specify) _____		

LOT NUMBER	THICKNESS	TARP CHECK SCHEDULE
TARP REPAIRS BY	RESPONSE TIME	
MINIMUM SIZE TO BE REPAIRED	MINIMUM TIME AFTER APPLICATION TARPS WILL BE REPAIRED	

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D. Tarps Used (Continued)

FACTORS THAT DETERMINE WHEN TARP WILL BE REPAIRED

PERSON RESPONSIBLE FOR CUTTING TARPS	TELEPHONE NUMBER <i>(Include Area Code)</i>	PERSON RESPONSIBLE FOR REPAIRING TARPS	TELEPHONE NUMBER <i>(Include Area Code)</i>
TARP CUTTING METHOD	CUTTING SCHEDULE / TARGET DATE	TARP REMOVAL METHOD	REMOVAL SCHEDULE / TARGET DATE

E. Weather Conditions (Immediately prior to application)

WIND SPEED (MPH)	WIND DIRECTION	AIR TEMP. (°F)	COPY OF WEATHER FORECAST FOR THE DAY OF APPLICATION AND 48 HOURS AFTER APPLICATION (INCLUDING INVERSION CONDITIONS AND ANY AIR STAGNATION ADVISORY) ATTACHED <input type="checkbox"/> YES

F. Soil Conditions (Immediately prior to application)

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

G. Respiratory Program -- Written Respiratory Program Document on File YES

H. Posting

PERSON POSTING SIGNS	POSTING WILL CONFORM TO 3 CCR SECTION 6776 <input type="checkbox"/> YES
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I. Hazard Communication

ON-SITE COMMUNICATION AND HAZARD COMMUNICATION WILL CONFORM TO 3 CCR SECTIONS 6618, 6619, 6723, AND 6723.1 AND THIS FUMIGATION PLAN <input type="checkbox"/> YES	MSDS FOR ALL PESTICIDES APPLIED WILL BE AVAILABLE ON-SITE <input type="checkbox"/> YES
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J. Other Good Agricultural Practices

DESCRIPTION OF ALL OTHER APPLICABLE GOOD AGRICULTURAL PRACTICES (GAP)

DESCRIPTION OF MEASUREMENTS AND DOCUMENTATION ENSURING THAT GAPS ARE ACHIEVED

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K. Emergency Procedures

"IN CASE OF EMERGENCY" CONTACT (NAMES AND TELEPHONE NUMBERS, *Include Area Code*)

9-1-1 OPERATOR _____ CERTIFIED APPLICATOR _____
 CAC _____ OTHER _____

ON-SITE TELEPHONE LOCATION

EVACUATION ROUTES

EMERGENCY PROCEDURES

L. Attachments (List ALL Attachments)

MINIMUM REQUIRED --

AUTHORIZED ON-SITE PERSONNEL WEATHER FORECAST POST-APPLICATION SUMMARY

OTHER

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 _____