

**A. General Application Information**

|                                     |                              |                                 |
|-------------------------------------|------------------------------|---------------------------------|
| DATE OF APPLICATION<br>_____        | TIME OF APPLICATION<br>_____ | PERMIT NUMBER<br>_____          |
| SITE IDENTIFICATION NUMBER<br>_____ | APPLICATION RATE<br>_____    | APPLICATION BLOCK SIZE<br>_____ |

SUMMARY OF THE NATIONAL WEATHER SERVICE WEATHER FORECAST (INCLUDING WIND SPEED AND AIR STAGNATION ADVISORIES, IF APPLICABLE) DURING THE APPLICATION AND THE 48 HOURS AFTER THE APPLICATION IS COMPLETE. A PRINTED COPY MAY BE ATTACHED TO THE POST-APPLICATION SUMMARY.

CHECK HERE IF PRINTED COPY IS ATTACHED TO THE POST-APPLICATION SUMMARY

IF PRINTED COPY IS NOT ATTACHED, THEN COMPLETE THIS SECTION:

NATIONAL WEATHER SERVICE WEATHER FORECAST

WIND SPEED

AIR-STAGNATION ADVISORIES

**C. Tarp Perforation / Removal - Tarp Used**  YES  NO

|                                     |                     |                      |                      |
|-------------------------------------|---------------------|----------------------|----------------------|
| PERSON RESPONSIBLE FOR CUTTING TARP | TARP CUTTING METHOD | DATE OF TARP CUTTING | TIME OF TARP CUTTING |
| PERSON RESPONSIBLE FOR TARP REMOVAL | TARP REMOVAL METHOD | DATE OF TARP REMOVAL | TIME OF TARP REMOVAL |

CONDITIONS THAT CAUSED EARLY PERFORATION AND/OR REMOVAL OF TARPS

**Tarp Repair**  YES  NO

|                                  |                                 |
|----------------------------------|---------------------------------|
| LOCATION AND SIZE OF TARP DAMAGE | DATE OF TARP DAMAGE DISCOVERY   |
|                                  | DATE AND TIME OF TARP REPAIR(S) |

DESCRIPTION OF ANY TARP / TARP SEAL / TARP EQUIPMENT FAILURE

**POST-APPLICATION SUMMARY (FIELD FUMIGATION)**

DPR-ENF-228 (Est. 12/12)

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**D. Application Air Monitoring Results**

WAS AIR MONITORING CONDUCTED WITHIN THE APPLICATION BLOCK?

YES  NO

WAS SENSORY IRRITATION EXPERIENCED BY A HANDLER?

YES  NO

LOCATION WHERE IRRITATION EXPERIENCED

HANDLER TASK / ACTIVITY

DATE AND TIME

ACTION TAKEN

WAS DIRECT-READ INSTRUMENT USED FOR AIR MONITORING? IF YES, ATTACH AIR MONITORING RESULTS REQUIRED BY LABELING.

YES (*Type used*) \_\_\_\_\_  NO

**E. Drip Application Monitoring Results**

WAS THIS A DRIP IRRIGATION APPLICATION? IF YES, ATTACH DRIP APPLICATION MONITORING RESULTS REQUIRED BY LABELING.

YES  NO

TREATED AREA SIGNS REMOVED BY

DATE OF TREATED AREA SIGN REMOVAL

BUFFER ZONE SIGNS REMOVED BY

DATE OF BUFFER ZONE SIGN REMOVAL

**G. Deviations from the Fumigant Management Plan**

YES  NO

PROVIDE DESCRIPTION OF DEVIATIONS

**H. Incidents**

YES  NO

DESCRIPTION OF INCIDENTS, EQUIPMENT FAILURE, OR OTHER EMERGENCY AND RESPONSE

**I. Complaints - Complaints Received**

YES  NO

TYPE OF PERSON FILING COMPLAINT (*e.g., On-site handler, bystander*)

NAME (*If bystander*)

BYSTANDER'S ADDRESS (*Number and Street, City, State, ZIP Code*)

BYSTANDER'S TELEPHONE NUMBER (*Include Area Code*)

DESCRIPTION OF CONTROL MEASURES OR EMERGENCY PROCEDURES TAKEN (*Continued*)

**J. Attachments (List ALL Attachments)**

POST-APPLICATION WATER TREATMENTS  MONITORING DURING APPLICATION  MONITORING POST-APPLICATION  AIR MONITORING

WEATHER FORECAST  DRIP IRRIGATION MONITORING INFORMATION

OTHER

**I verify that the information provided in this Post-Application Summary 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 \_\_\_\_\_