

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

ATTACHMENT # _____

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-- Attach to Fumigant Management Plan (FMP) --

PAGE _____ OF _____

A. General Application Information

DATE OF APPLICATION _____	TIME OF APPLICATION _____	PERMIT NUMBER _____
SITE IDENTIFICATION NUMBER _____	APPLICATION RATE _____	APPLICATION BLOCK SIZE _____

B. Weather Conditions

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

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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

F. Posting

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