

**Beginning September 2014, a site-specific Fumigation Management Plan (FMP) will be required prior to all soil fumigant applications. Applicators are encouraged to become familiar with the elements of a FMP and begin to implement where possible.**

**FUMIGATION MANAGEMENT PLAN**

The owner/operator of the application block as well as the applicator must keep signed copies of the Fumigation Management Plan for 2 years from the date of application.

Person completing the Fumigation Management Plan: Name (print):	I certify that the Fumigation Management Plan reflects the current site conditions: Sign: _____ Date: YYYY/MM/DD
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<b>A The application block that is to be fumigated.</b>	
Start date of application: YYYY/MM/DD	End date of application: YYYY/MM/DD
Address or GPS coordinates of the application block:	
Name of the owner/operator of the application block:	Phone number:
Address of the owner/operator of the application block:	
Area of application block:	Soil type of the application block: <input type="checkbox"/> Coarse: find sand, loamy fine sand <input type="checkbox"/> Moderate: sandy loam, fine sandy loam <input type="checkbox"/> Medium: sandy clay loam, loam, silt loam <input type="checkbox"/> Fine: clay, clay loam, silty clay loam
Soil temperature:	
Soil moisture: % of field capacity measured using _____	

<b>B The soil fumigant product that will be used.</b>	
Name of Soil Fumigant Product:	Registration Number:
Application Method:	
Injection depth (if applicable):	Broadcast equivalent application rate:

**Ensure that the product label and the MSDS sheets are on-site and readily available**

<b>C Tarp Plan</b>		<input type="checkbox"/> Not applicable (non-tarped application)
Schedule for checking tarps:	Equipment/method for perforating tarps:	
Target date for perforating tarps: YYYY/MM/DD	Target date for removing tarps: YYYY/MM/DD	

<b>D Buffer zones information. A buffer zone is an area established around the perimeter of the application block extending outward equally in all directions. A buffer zone is required for all soil fumigant applications. Buffer zone credits may be applicable depending on the characteristics of the application.</b>			
Application rate from buffer zone look-up table on label:	List all buffer zone credits applied with measurements (see label for available options):	Total applicable buffer zone credit: _____ %	Actual required buffer zone distance: _____ meters
Block size from buffer zone look-up table on label:		$\begin{matrix} \text{Buffer zone distance from label} & \times & \text{Total buffer zone credit} & = & \text{Required buffer zone distance} \end{matrix}$	
Buffer zone distance from look-up table on label:			<b>Buffer zone credits may be added but cannot exceed 80% total credit</b>  <b>Minimum buffer zone distance is 8 meters regardless of available buffer zone credits</b>
Described any areas where the buffer zone extends to areas not under the control of the owner/operator:		If the buffer zone extends to areas not under control of the owner operator, a written agreement is required indicating that all people will vacate the buffer zone during the buffer zone period. <input type="checkbox"/> Written agreement attached to FMP <input type="checkbox"/> Not required	

<b>E Notification of the fumigant treated area and the buffer zone. Signs must be posted at all entrances to the application block. Signs must be posted along the outside perimeter of the buffer zone unless there is a physical barrier that prevents bystander access to the buffer zone.</b>	
Name of person(s) responsible for posting and removing fumigant treated area sign:	Name of person(s) responsible for posting and removing buffer zone sign (if required):

<b>F Emergency Preparedness and Response Measures: If residences or businesses are located in close proximity to the buffer zone, either fumigant air monitoring must be conducted, or response information must be provided to neighbours.</b>	
<b>Planning the Emergency Preparedness and Response Measures is required if:</b>	buffer zone is >8 meters ≤30 meters and residences or businesses are located within 15 meters from the outer edge of the buffer zone
	buffer zone is >30 meters ≤60 meters and residences or businesses are located within 30 meters from the outer edge of the buffer zone
	buffer zone is >60 meters ≤90 meters and residences or businesses are located within 90 meters from the outer edge of the buffer zone
	buffer zone is >90 meters of if buffer zones <b>overlap</b> and businesses are located within 90 meters from the outer edge of the buffer zone
Are Emergency Preparedness and Response Measures Required for the application? <input type="checkbox"/> Not Required based on buffer zone size and proximity or residences or businesses <input type="checkbox"/> Required (complete section for either Fumigation Site Monitoring or Response Information For Neighbours)	

<input type="checkbox"/> <b>Fumigant Site Monitoring Plan:</b>		
Time 1:	Location of monitoring:	Person responsible for monitoring:
Time 2:	Location of monitoring:	Person responsible for monitoring:
Time 3:	Location of monitoring:	Person responsible for monitoring:
Time 4:	Location of monitoring:	Person responsible for monitoring:
Time 5:	Location of monitoring:	Person responsible for monitoring:
Time 6:	Location of monitoring:	Person responsible for monitoring:
Time 7:	Location of monitoring:	Person responsible for monitoring:
Time 8:	Location of monitoring:	Person responsible for monitoring:

<input type="checkbox"/> <b>Response Information for Neighbors Plan:</b>
List the residences or business which will receive information:
Describe method used to share information (i.e.: mailings, door hangers):
Name and phone number of the person responsible for delivering information:

<b>G Air Monitoring Plan. Indicate if operations will cease, or continue with air monitoring, if a handler/applicator experiences sensory irritation (tearing, burning of the eyes or nose). If air monitoring will be used, provide details on the equipment to be used.</b>			
If sensory irritation is experienced, will operations cease? <input type="checkbox"/> Operation to cease <input type="checkbox"/> Continue operation with use of respirator and air monitoring equipment	Representative task for air monitoring:	Air monitoring equipment:	Timing of air monitoring:

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<b>H</b> Emergency Response Plan: Provide information on responsibilities and procedures to follow in the event of an incident or emergency. Ensure all applicators involved in the application are aware of what to do in the event of an emergency.		
Description of evacuation routes:	Location of nearest telephone:	Telephone number of first responders: <b>911</b>
	Contact information for local authority:	Contact information for provincial authority:
Describe emergency procedures and responsibilities in the event of an incident during application:		
Describe emergency procedures and responsibilities in the event that sensory irritation is experienced outside the buffer zone during or after application:		
Describe emergency procedures and responsibilities in the event of an equipment/tarp/seal failure or other emergency:		

<b>I</b> Include a site plan (map, aerial photo or sketch) of the application block and surrounding area.
<p>(include map, aerial photo or sketch of the application block including</p> <ul style="list-style-type: none"> <li>• Location of the application block with dimensions</li> <li>• Location of the buffer zone with dimensions</li> <li>• Property lines</li> <li>• Roadways, rights-of-ways, sidewalks, walking paths and bus stops</li> <li>• Adjacent application blocks</li> <li>• Surrounding structures (occupied and non-occupied)</li> <li>• Locations of fumigant treated area signs</li> <li>• Locations of buffer zone signs</li> <li>• Location and distances of any difficult to evacuate sites (schools, daycare centers, nursing homes, assisted living facilities, hospitals, in-patient clinics, prisons)</li> <li>• Locations for air monitoring (if applicable)</li> <li>• Evacuation routes</li> </ul>

<b>J</b> This product is only to be used by individuals holding an appropriate pesticide applicator certificate or license recognized by the provincial/territorial pesticide regulatory agency where the pesticide application is to occur. All handlers/applicators involved in the application must be listed below.			
Name:	Address:	Phone number:	Indicate personal protective equipment to be worn (see label for required PPE): <input type="checkbox"/> Long-sleeved shirt/long pants <input type="checkbox"/> Coveralls <input type="checkbox"/> Chemical-resistant coveralls <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear <input type="checkbox"/> Protective eyewear <input type="checkbox"/> Respirator
Certificate or Licence Number:		Date of Certification: YYYY/MM/DD	
Employer Name (if commercial handler/applicator):	Employer phone number (if commercial handler/applicator):		
Employer Address (if commercial handler/applicator):			
Name:	Address:	Phone number:	Indicate personal protective equipment to be worn (see label for required PPE): <input type="checkbox"/> Long-sleeved shirt/long pants <input type="checkbox"/> Coveralls <input type="checkbox"/> Chemical-resistant coveralls <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear <input type="checkbox"/> Protective eyewear <input type="checkbox"/> Respirator
Certificate or Licence Number:		Date of Certification: YYYY/MM/DD	
Employer Name (if commercial handler/applicator):	Employer phone number (if commercial handler/applicator):		
Employer Address (if commercial handler/applicator):			
Name:	Address:	Phone number:	Indicate personal protective equipment to be worn (see label for required PPE): <input type="checkbox"/> Long-sleeved shirt/long pants <input type="checkbox"/> Coveralls <input type="checkbox"/> Chemical-resistant coveralls <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear <input type="checkbox"/> Protective eyewear <input type="checkbox"/> Respirator
Certificate or Licence Number:		Date of Certification: YYYY/MM/DD	
Employer Name (if commercial handler/applicator):	Employer phone number (if commercial handler/applicator):		
Employer Address (if commercial handler/applicator):			

Attach additional pages for additional applicators if needed