

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SJCM & U.C. D
 ASSIGNED JOB DUTIES: Applicator, mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	X	X	X	X	X	X	X	X	X	X	X
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	X	X	X	X	X	X	X	X	X	X	X
REPORT IMMEDIATELY SYMPTOMS OF POISONING: Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.											
WASH HANDS AND ARMS WITH SOAP & WATER: Before eating, drinking, smoking, going to the restroom.	X	X	X	X	X	X	X	X	X	X	X
WASH COMPLETELY at the end of work day, change into clean clothing.	X	X	X	X	X	X	X	X	X	X	X
WEAR CLEAN WORK CLOTHES DAILY.											
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.	X	X	X	X	X	X	X	X	X	X	X
MEDICAL SUPERVISION: Required when working more than 30 hrs. in 30 days with carbamates, organophosphates with "DANGER: or "WARNING" on label.											
READ THE LABEL: Signal word, precautions, first aid, rate, dilution, volume.	X	X	X	X	X	X	X	X	X	X	X
TRIPLE RINSE THE CANS AT THE TIME OF USE.	X	X	X	X	X	X	X	X	X	X	X
DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.	X	X	X	X	X	X	X	X	X	X	X
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans.	X	X	X	X	X	X	X	X	X	X	X
PESTICIDE SAFETY INFORMATION SERIES											
N-8	X	X	X	X	X	X	X	X	X	X	X

EMPLOYEE INITIALS TA TA TA TA TA TA TA TA TA TA TA
 DATE - MO/DAY/YR 2-6 08
 PESTICIDE CATEGORY 3 3 3 3 3 3 3 3 3 3 3

EMPLOYEE SIGNATURE *Tiffany Anderson*
 DATE OF INITIAL TRAINING _____

Training Initial

PESTICIDES													
Aquamaster	Round-up Pro	In-Place	B-11	Suspend	Pyrenone	Crop Spray	Pyrenone	25-5	Scourge	Evergreen	60-6	Garlon 4	Moract
TA	TA	TA	TA										

PESTICIDE SAFETY TRAINING RECORD

COPY

NAME Tiffany Anderson
 NAME OF EMPLOYER S.J.M.V.C.D
 ASSIGNED JOB DUTIES: Applicator, mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	x	x	x			x	x	x	x	x	x
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	x	x	x			x	x	x	x	x	x
REPORT IMMEDIATELY SYMPTOMS OF POISONING: Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.	x										
WASH HANDS AND ARMS WITH SOAP & WATER: Before eating, drinking, smoking, going to the restroom.	x	x	x			x	x	x	x	x	x
WASH COMPLETELY at the end of work day, change into clean clothing.	x	x	x			x	x	x	x	x	x
WEAR CLEAN WORK CLOTHES DAILY. EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.	x	x	x			x	x	x	x	x	x
MEDICAL SUPERVISION: Required when working more than 30 hrs. in 30 days with carbamates, organophosphates with "DANGER: or "WARNING" on label.											
READ THE LABEL: Signal word, precautions, first aid, rate, dilution, volume.	x	x	x			x	x	x	x	x	x
TRIPLE RINSE THE CANS AT THE TIME OF USE.			x			x	x			x	
DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.	x	x	x			x	x	x	x	x	x
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans.	x	x	x			x	x	x	x	x	x
PESTICIDE SAFETY INFORMATION SERIES <u>AI-8</u>	x	x	x			x	x	x	x	x	x

EMPLOYEE INITIALS TA

DATE - MO/DAY/YR 2-7-08 2/7 2/7 2/7 2/7 2/7

PESTICIDE CATEGORY 3

EMPLOYEE SIGNATURE [Signature]

DATE OF INITIAL TRAINING _____

Training Initial

PESTICIDES	
Altosid Briquets 30 day	EL
Altosid XR Briquets	EL
Altosid	EL
PestTets	EL
Altosid Liquid	EL
Dimilin 2.5 W	EL
GB 1111	KN
Vectobac 12AS	KN
Vectobac G	KN
Vectolex CG	KN
Vectolex WDG	KN
Vectolex WSP	KN