

## PESTICIDE SAFETY TRAINING RECORD

NAME THOUSE STOM VC											-
ASSIGNED JOB DUTIES: applicator.  Applicator, mixer, etc.											
SAFE PROCEDURES: Pouring, lifting, opening,	<u> </u>	,,	1	<u> </u>	<u></u>	<u> </u>	<u>√</u>	<u> </u>	1	1	7
operating equipment, etc.	X	X	4	^	A	1	A	4	7	1	1
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	X	X	X	X	XI.	7	X	7.	7	X	X
REPORT IMMEDIATELY SYMPTOMS OF POISONING:			1					1		$\exists$	-
Pinpoint, pupils, nausea, shortness of breath,											
dizziness, headache, blurred vision.											
WASH HANDS AND ARMS WITH SOAP & WATER:	4			V	1	1	V	1	1	X	1
Before eating, drinking, smoking, going to the restroom.	X	Y	1	^	M	N	1	1	Y	1	1
WASH COMPLETELY at the end of work day,	V	1	4	X	1	V	1	X	X	X	X
change into clean clothing.	V	V	1	~	~}	1	~	-		-	1
WEAR CLEAN WORK CLOTHES DAILY.			,	,	.1		./	1	V	1	1
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital	X	1	X	X	M	X	X	7	V	1	0
emergency room & where information is located.	1										
MEDICAL SUPERVISION: Required when working											
more than 30 hrs. in 30 days with carbamates,											
organophosphates with "DANGER: or "WARNING"											
on label.	-	-	-	$\vdash$							-
READ THE LABEL: Signal word, precautions,	X	V	X	X	X	X	X	X	X	X	1
first aid, rate, dilution, volume.	1	1	1	1		1	1		-		-
TRIPLE RINSE THE CANS AT THE TIME OF USE.			14	X		1	X				
DRIFT: Confine the spray to the crop, watch out for	1.,	1,	1/	1.1	.,	,	1	1	1	1	1
people, animals, waterways, or any special hazards.	X	X	1	X	X	X	X	X	X	X	1
STORAGE of pesticide cans in a locked and posted	11	1	1./	1.,	1	.1	V	1	V	V	
area or with an authorized person watching the cans.	X	17	17	X	V	X	1	X	1	X	X
PESTICIDE SAFETY INFORMATION SERIES											
								_		1	
TO	10	1	IN	A	10	KA	TA	TP	TA	TA	P
EMPLOYEE INITIALS	TA	11	1	1-1	1	1	1	+	-	117	+
DATE - MO/DAY/YR 3-2306	32	士							匸	二	
DATE - MO/BATTIN		12	3	3	13	12	2	3	13	13	3
PESTICIDE CATEGORY 3	3	3	1	'	1	P	1-	10	1	10	10
	BRIGGE		1	PE	STIC	IDE	SS		10	20	181
	100		/	10%	/	1	121	0	2	3	1.3/
1	100	XX	- 5	3	. /	1	26	2/1	w/	Y/	X/
EMPLOYEE SIGNATURE	2/3	3/	3 4	33	3	11	8/8	5/3	3 /3	3/	170
DATE OF INITIAL TRAINING 32306 /	5/10	90	3/0	355		1	16	15	10	15	
DATE OF INITIAL TRAINING 3-23-06	ALTOSIA	3/5	25	10000	Sp	16	VECTOR	18	VECTO!	VECT WOL	WSP
	14	1	14	77	7	1-3	13	1-	1	1	-
Training Initial	1	1	1	1	1	1		1	1		1
FL											,

1/31/01 FORMS\PESTRAIN.DOC