

RESPONSE #10

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SJCM AUC 10
 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 [Signature]

DATE OF INITIAL TRAINING _____

Training Initial

PESTICIDES											
AquaMaster	Round-up Pro	In-Place	R-11	Suspend	Pyrenone	Pyrenone	Pyrenone	Scourge	Evergreen	Garlon 4	Moract
TA	TA	TA	TA								

PESTICIDE SAFETY TRAINING RECORD

COPY

NAME Tiffany Anderson
 NAME OF EMPLOYER S.T.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 <u>TA</u>													
DATE - MO/DAY/YR <u>2-6-08</u>	<u>2/6</u>	<u>2/6</u>	<u>2/6</u>			<u>2/7</u>	<u>2/7</u>	<u>2/7</u>	<u>2/7</u>	<u>2/7</u>			
PESTICIDE CATEGORY <u>3</u>													
EMPLOYEE SIGNATURE <u>[Signature]</u>													
DATE OF INITIAL TRAINING _____													
Training Initial													
	Aitosis 30 day quat	Aitosis XR	Aitosis	Pellets	Aitosis Liquid	Dinilix	2.5 W	GB 1111	Vectobac 12AS	Vectobac G	Vectolex CG	Vectolex WDG	Vectolex WSP
	EL	EL	EL	EL	EL	EL	KN	KN	KN	KN	KN	KN	KN

GENERAL MEETING

Date: 3/4/09

	Print Name	Signature
Anderson, Tiffany	Tiffany Anderson	Tiffany Anderson
Andres, Scott	Scott Andres	Scott Andres
Azevedo, Steve	Steve Azevedo	Steve Azevedo
Bearden, Stacy	Stacy Bearden	Stacy Bearden
Bennett, Morgan	Morgan Bennett	Morgan Bennett
Capuccini, Richard	RICHARD CAPUCCINI	Richard Capuccini
Corrales, Michael	Michael Corrales	Michael Corrales
Devencenzi, Aaron	Aaron Devencenzi	Aaron Devencenzi
Duke, Steve	STEVE DUKE	Steve Duke
Durham, Bob	Bob Durham	Bob Durham
Edwards, Greg	Greg Edwards	Greg Edwards
Esau, Janine	JANINE ESAU	Janine Esau
Fraser, Larry	LARRY FRASER	Larry Fraser
Heine, Brian	BRIAN HEINE	Brian Heine
Hiers, Chris	Chris Hiers	Chris Hiers
Hopkins, Deanna	Deanna Hopkins	Deanna Hopkins
Hopkins, Norman	NORM HOPKINS	Norm Hopkins
Iverson, Mary	MARY IVERSON	Mary Iverson
Keith, Dennis	DENNIS KEITH	Dennis Keith
Leipelt, Steve	STEVE LEIPALT	Steve Leipelt
Lucchesi, Ed		
Mancuso, Ernst	ERNEST MANCUSO	Ernst Mancuso
Meidinger, Don	Don Meidinger	Don Meidinger
Morgan, Michelle		
Mortenson, Fred	FRED MORTENSON	Fred Mortenson
Nicholas, Emily		
Nienhuis, Keith		
Nolin, Larry	Larry Nolin	Larry Nolin
Pfeifer, Roy	ROY D. PFEIFER	Roy Pfeifer
Sarale, Joseph	JOSEPH SARALE	Joseph Sarale
Sheffield, James	James Sheffield	James Sheffield
Smith, David	DAVID SMITH	David Smith
Stroh, John		
Vana, Dave	Dave Vana	Dave Vana
Vignolo, John	JOHN VIGNOLO	John Vignolo

PESTICIDE SAFETY TRAINING RECORD

NAME _____

NAME OF EMPLOYER _____

ASSIGNED JOB DUTIES: _____

Applicator, mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.

PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.

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.

WASH COMPLETELY at the end of work day, change into clean clothing.

WEAR CLEAN WORK CLOTHES DAILY.

EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.

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.

TRIPLE RINSE THE CANS AT THE TIME OF USE.

DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.

STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans.

PESTICIDE SAFETY INFORMATION SERIES

EMPLOYEE INITIALS _____

DATE - MO/DAY/YR _____

PESTICIDE CATEGORY _____

EMPLOYEE SIGNATURE _____

DATE OF INITIAL TRAINING _____

Training Initial

5/24/95 PESTRAIN.DOC

PESTICIDES	
ALTOCID BRIGUET	
ALTOCID XR BRIGUETS	
ALTOCID PELLETS	
ALTOCID LIQUID CARBICIDE	
GB 1111	
VECTOBAC 12 AS	
VECTOBAC G	
VECTOLEX EG	
VECTOLEX WDG	
VECTOLEX WSP	

**SAN JOAQUIN COUNTY MOSQUITO AND VECTOR
CONTROL DISTRICT**

GENERAL MEETING

**Wednesday
March 4, 2009
8:15 A.M.**

(BRING YOUR LABEL BINDERS / ARCHERS and YOUR LUNCH)

Agenda

- 1. Review use of the Archer/Sentinel Data Collection System
(Lucchesi / Durham)**
- 2. Label review of all Larvicide materials used by the District
(Lucchesi)**
- 3. Mosquito biology review
(Bearden)**
- 4. Dates to Remember**
 - March 9, 2009
Work hours change to
7:00 a.m. – 3:30 p.m.**
 - April 16, 2009
Spring CE Program
Stanislaus County Agricultural
Center, Modesto**

GENERAL MEETING

Date: 4/21/09

	Print Name	Signature
Anderson, Tiffany	ABSENT - w/c	
Andres, Scott	Scott Andres	Scott Andres
Azevedo, Steve	Steve Azevedo	Steve Azevedo
Bearden, Stacy	STACY BEARDEN	Stacy Bearden
Bennett, Morgan	Morgan Bennett	Morgan Bennett
Capuccini, Richard	RICHARD CAPUCCINI	Richard Capuccini
Corrales, Michael	Michael Corrales	Michael Corrales
Devencenzi, Aaron	Aaron Devencenzi	Aaron Devencenzi
Duke, Steve	STEVE DUKE	Steve Duke
Durham, Bob	Bob Durham	B. Durham
Edwards, Greg	Greg Edwards	Greg Edwards
Esau, Janine	JANINE ESAU	Janine Esau
Fraser, Larry	LARRY FRASER	Larry Fraser
Heine, Brian	BRIAN HEINE	Brian Heine
Hiers, Chris	Chris Hiers	Chris Hiers
Hopkins, Deanna	SICK	SICK
Hopkins, Norman	Norman Hopkins	Norman Hopkins
Iverson, Mary	MARY IVERSON	Mary Iverson
Keith, Dennis	DENNIS KEITH	Dennis Keith
Leipelt, Steve	STEVE LEIPELT	Steve Leipelt
Lucchesi, Ed	ED LUCCHESI	Ed Lucchesi
Mancuso, Ernst	SICK	SICK
Meidinger, Don	Don Meidinger	Don Meidinger
Morgan, Michelle	N/A	N/A
Mortenson, Fred	FRED MORTENSON	Fred Mortenson
Nicholas, Emily	N/A	N/A
Nienhuis, Keith	KEITH NIENHUIS	Keith Nienhuis
Nolin, Larry	Larry Nolin	Larry Nolin
Pfeifer, Roy	ROY D. PFEIFER	Roy D. Pfeifer
Sarale, Joseph	Joseph Sarale	Joseph Sarale
Smith, David	DAVID SMITH	David Smith
Stroh, John	HELE	John Stroh
Vana, Dave	Dave Vana	Dave Vana
Vignolo, John	John Vignolo	John Vignolo

**SAN JOAQUIN COUNTY MOSQUITO AND VECTOR
CONTROL DISTRICT**

GENERAL MEETING

**Wednesday
APRIL 21 2009
8:00 A.M.**

(BRING YOUR LABEL BINDERS)

Agenda

1. **Update on status of NPDES for 2009 and how it will relate to District's ULV adulectiding program.**
(Lucchesi) / *STROM*
2. **Dead Bird Recovery Permit**
(Lucchesi / Bearden)
3. **UNUM Update**
(Lucchesi)
4. **Label review of Adulecticide materials used by the District**
(Lucchesi)
5. **Activity Code Review**
(Lucchesi)
6. **Heat Illness Prevention: What you need to know!**
(Lucchesi)
 - Early to the field
 - Wash rigs and check out/in pesticides in afternoon
 - Review field activities with supervisor in afternoon to prepare for following morning's work
7. **Other**

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
NAME OF EMPLOYER _____

NAME OF EMPLOYER 300

ASSIGNED JOB DUTIES

Applicator, mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.

PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.

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.

WASH COMPLETELY at the end of work day,
change into clean clothing.

WEAR CLEAN WORK CLOTHES DAILY.

EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.

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.

TRIPLE RINSE THE CANS AT THE TIME OF USE.

DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards

STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans.

PESTICIDE SAFETY INFORMATION SERIES

EMPLOYEE INITIALS TA

DATE - MO/DAY/YR 8-31-10

PESTICIDE CATEGORY

EMPLOYEE SIGNATURE

DATE OF INITIAL TRAINING 8-31-2010

Training Initial

5/24/95 PESTRAIN DOC

PESTICIDES											
BH	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH
AQUAMASTER	ROUND UP PRO	IN-PLACE	R-11	SUSPEND	PIRENONE GREEN SPRAY	M/GK 7396	EVERGREEN 60-6	GARLON 4 ULTRA	RYCONYL 525	AQUABAC XT	Monterey Crop Oil

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER 306
 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	X
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	X	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	X
WASH COMPLETELY at the end of work day, change into clean clothing.	X	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	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	X
TRIPLE RINSE THE CANS AT THE TIME OF USE.			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	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	X
PESTICIDE SAFETY INFORMATION SERIES	X	X	X	X	X	X	X	X	X	X	X	X

EMPLOYEE INITIALS TA TA TA TA TA TA TA TA TA TA TA TA TA TA
 DATE - MO/DAY/YR 8-31-10 8/31 8/31 8/31 8/31 8/31 8/31 8/31 8/31 8/31 8/31 8/31 8/31
 PESTICIDE CATEGORY 3 3 3 3 3 3 3 3 3 3 3 3 3

EMPLOYEE SIGNATURE [Signature]

DATE OF INITIAL TRAINING 8-31-2010

Training Initial

PESTICIDES											
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30
Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30	Altasid 30

PESTICIDE SAFETY TRAINING RECORD

LARVICIDES

NAME Tiffany Anderson

NAME OF EMPLOYER: S.J. County Mosquito & Vector Control District

ASSIGNED JOB DUTIES (applicator, mixer, etc.): Roll tech

SAFETY PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	Agnique MMF	Agnique MMFG	Altosid 30 Day Brigs	Altosid Brigs	Altosid XR Pellets	Altosid Pellets WSP	Aquabac 200 G	Aquabac XT	BVA 2	Vectobac 12 AS	Vectobac Gran	Vectobac WDG
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	X	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	X	X	X	X	X	X	X	X	X	X	X	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	X	X	X
WASH COMPLETELY at end of work day, change into clean clothing	X	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	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	X
TRIPLE RINSE: THE CANS AT THE TIME OF USE	X	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	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	X
PESTICIDE SAFETY INFORMATION SERIES	X	X	X	X	X	X	X	X	X	X	X	X
EMPLOYEE INITIALS:	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA
DATE - MO/DAY/YR:	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11
PESTICIDE CATEGORY:	III	III	III	III	III	III	III	III	III	III	III	III
EMPLOYEE SIGNATURE:												
DATE OF INITIAL TRAINING:												
TRAINING INITIALS:	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL

NAME Tiffany Anderson

NAME OF EMPLOYER: S. J. County Mosquito & Vector Control District

ASSIGNED JOB DUTIES (applicator, mixer, etc.) all

LARVICIDES

	Vectolax C Gran	Vectolax WDG	Vectolax WSP	Vectomax CG	fatigue M.M.T. 255
SAFETY PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	X	X	X	X	
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	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	
WASH COMPLETELY at end of work day, change into clean clothing	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	
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	
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	
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans	X	X	X	X	
PESTICIDE SAFETY INFORMATION SERIES	X	X	X	X	
EMPLOYEE INITIALS:	TA	TA	TA	TA	
DATE - MO/DAY/YR:	11-11	11-11	11-11	11-11	
PESTICIDE CATEGORY:	III	III	III	III	
EMPLOYEE SIGNATURE:	<u>Tiffany Anderson</u>				
DATE OF INITIAL TRAINING:	11-11-2011				
TRAINING INITIALS:	EL	EL	EL	EL	BH

ADULTICIDES/HERBICIDES/SURFACTANTS

NAME Tiffany Anderson
 NAME OF EMPLOYER: SCHVED
 ASSIGNED JOB DUTIES: (applicator, mixer, etc.) all


	Aquamaster	Garlon 4 Ultra	Roundup Pro Conc	In-Place	Monterey Crop Oil	R-11
SAFETY PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	X	X	X	X	X	X
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	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
WASH COMPLETELY at end of work day, change into clean clothing	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
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
TRIPLE RINSE: THE CANS AT THE TIME OF USE	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
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans	X	X	X	X	X	X
PESTICIDE SAFETY INFORMATION SERIES N-A	X	X	X	X	X	X
EMPLOYEE INITIALS:	TA	TA	TA	TA	TA	TA
DATE - MO/DAY/YR:	3-24-11	3-24-11	3-24-11	3-24-11	3-24-11	3-24-11
PESTICIDE CATEGORY:	3	3	3	3	3	3
EMPLOYEE SIGNATURE:						
DATE OF INITIAL TRAINING:						
TRAINING INITIALS:	EL	EL	EL	EL	EL	EL

PESTICIDE SAFETY TRAINING RECORD

ADULTICIDES/HERBICIDES/SURFACTANTS

NAME Tiffany Lindeman
 NAME OF EMPLOYER SHC H&VCD

ASSIGNED JOB DUTIES (applicator, mixer, etc.) all

	Evergreen 60-6	Pyrenone 25-5	Pyrenone Crop Sp	Pyroclide 7396 MGK	Pyronyl Crop Sp	Pyronyl 525	Suspend SC
SAFETY PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	X	X	X	X	X	X	X
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	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
WASH COMPLETELY at end of work day, change into clean clothing	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
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
TRIPLE RINSE: THE CANS AT THE TIME OF USE	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
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
PESTICIDE SAFETY INFORMATION SERIES A-8	X	X	X	X	X	X	X
EMPLOYEE INITIALS:	TLA	TLA	TLA	TLA	TLA	TLA	TLA
DATE - MO/DAY/YR:	3-24	3-24	3-24	3-24	3-24	3-24	3-24
PESTICIDE CATEGORY:	3	3	3	3	3	3	3
EMPLOYEE SIGNATURE:							
DATE OF INITIAL TRAINING:	3-24-11	3-24-11	3-24-11	3-24-11	3-24-11	3-24-11	3-24-11
TRAINING INITIALS:	EL	EL	EL	EL	EL	EL	EL

PESTICIDE SAFETY TRAINING RECORD

NAME _____

NAME OF EMPLOYER _____

ASSIGNED JOB DUTIES: _____

Applicator, mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.		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
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
WASH COMPLETELY at the end of work day, change into clean clothing.		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
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
TRIPLE RINSE THE CANS AT THE TIME OF USE.		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
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
PESTICIDE SAFETY INFORMATION SERIES		A-8	A-8		A-8	A-8	A-8	A-8	A-8	A-8	A-8	A-8
EMPLOYEE INITIALS		TA	TA		TA	TA	TA	TA	TA	TA	TA	TA
DATE - MO/DAY/YR		4/20	4/20		5/19	5/19	4/20	4/20	4/20	4/19	4/19	4/19
PESTICIDE CATEGORY		3	3		3	3	3	3	3	3	3	3

EMPLOYEE SIGNATURE _____

DATE OF INITIAL TRAINING _____

Training Initial

PESTICIDES											
M-Pede	Pyr. Crop Sp.	U/V	PVRO 25-5	PVRO 7306	Placement	R-11	Roundup-Pro	Scourge	Suspend SC	Vec. 12 AS	Vectobac Gran

COPY

Applicator, mixer, etc.

COPY

1/31/01 FORMSPESTRAIN.DOC

X	X	X		X	X		X	X	
X	X	X		X	X		X	X	
	X								
X	X	X		X	X		X	X	
X	X	X		X	X		X	X	
X	X	X		X	X		X	X	
X	X	X		X	X		X	X	
X		X					X	X	
X		X		do not mix notes	table		X	X	
X	X	X		X	X		X	X	
A-8	A-8	A-8		A-8	A-8		A-8	A-8	
TA	TA	TA		TA	TA		TA	TA	
4/19	4/19	4/19		4/19	4/20		4/20	4/19	
3	3	3		3	3		3	3	

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER STCMVC
 ASSIGNED JOB DUTIES: _____

Applicator, mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WASH COMPLETELY at the end of work day, change into clean clothing.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WEAR CLEAN WORK CLOTHES DAILY.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TRIPLE RINSE THE CANS AT THE TIME OF USE.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PESTICIDE SAFETY INFORMATION SERIES	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

EMPLOYEE INITIALS TA TA TA TA TA TA TA TA TA TA TA
 DATE - MO/DAY/YR 4-18-05 4-18 4-18 4-18 4-18 4-18 4-18 4-18 4-18 4-18 4-18
 PESTICIDE CATEGORY 3 3 3 3 3 3 3 3 3 3 3

EMPLOYEE SIGNATURE Tiffany Anderson

DATE OF INITIAL TRAINING 4-18-05

Training Initial

PESTICIDES											
AQUAMASTER	ROUND-UP PRO	IN-PLACE	R-11	SUSPEND	PYRETHROID CROP SPRAY	PYRETHROID 25-5	SCOURGE	FYFANON	GARLON 4	MORACT	

COPY

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SJCMVCO
 ASSIGNED JOB DUTIES: Applicator/mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WASH COMPLETELY at the end of work day, change into clean clothing.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WEAR CLEAN WORK CLOTHES DAILY.											
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TRIPLE RINSE THE CANS AT THE TIME OF USE.			✓	✓	✓	✓	✓			✓	
DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.				✓	✓	✓	✓	✓	✓		
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PESTICIDE SAFETY INFORMATION SERIES A-8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
EMPLOYEE INITIALS	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA
DATE - MO/DAY/YR	3-1	3-1	3-1	3-1	3-1	3-1	3-1	3-1	3-1	3-1	3-1
PESTICIDE CATEGORY	3	3	3	3	3	3	3	3	3	3	3
EMPLOYEE SIGNATURE <u>Tiffany Anderson</u>											
DATE OF INITIAL TRAINING <u>3-1-05</u>											
<u>E. J. [Signature]</u> Training Initial											
	ALTO SID BRIGUE 30-DAY	ALTO SID XR BRIGUETS	ALTO SID PELLETS	ALTO SID LIQUID LARVICIDE	DIMILIN 25 W	GB 1111	VECTOBAC 12AS	VECTOBAC G	VECTOLEX CG	VECTOLEX WDG	VECTOLEX WSP
EL											

PESTICIDE SAFETY TRAINING RECORD

NAME Liffany Anderson
NAME OF EMPLOYER SJCMVC
ASSIGNED JOB DUTIES: tech I
Applicator, mixer, etc.

Applicator, mixer, etc.

1/31/01 FORMS/PESTRIN DOC

[illegible]

COPY

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SJCMVC
 ASSIGNED JOB DUTIES: applicator
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				
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											

EMPLOYEE INITIALS TA TA TA TA TA TA TA TA TA TA TA
 DATE - MO/DAY/YR 3-23-06 34
 PESTICIDE CATEGORY 3 3 3 3 3 3 3 3 3 3 3

EMPLOYEE SIGNATURE Tiffany Anderson
 DATE OF INITIAL TRAINING 3-23-06

Training Initial
EL

PESTICIDES										
ALTOCID BRIGUET 20-DAY	ALTOCID XR	BRIGUET'S	ALTOCID PELLETS	ALTOCID LIQUID LARVICIDE	DIMILIN 25 N	GB 1111	VECTOBAC 12AS	VECTOBAC G	VECTOLEX CB	VECTOLEX WDG

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SJCMVC
 ASSIGNED JOB DUTIES: applicator
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											

EMPLOYEE INITIALS TA TA TA TA TA TA TA TA TA TA TA
 DATE - MO/DAY/YR 3-28-06
 PESTICIDE CATEGORY 3

EMPLOYEE SIGNATURE [Signature]

DATE OF INITIAL TRAINING _____

Training Initial
EL

PESTICIDES									
AQUAMASTER	ROUND-UP PRO	IN-PLACE	R-11	SUSPEND	PYRETHROID CROP SPRAY	MORACT	SCOURGE	FYFANON	GARLON 4

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SSCMVZ
 ASSIGNED JOB DUTIES: all
 Applicator, mixer, etc.

SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	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
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
WASH COMPLETELY at the end of work day, change into clean clothing.	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
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
TRIPLE RINSE THE CANS AT THE TIME OF USE.			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
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
PESTICIDE SAFETY INFORMATION SERIES										

N-8

EMPLOYEE INITIALS TA

DATE - MO/DAY/YR 2-28-07

PESTICIDE CATEGORY III

EMPLOYEE SIGNATURE [Signature]

DATE OF INITIAL TRAINING 2-28-07

Training Initial

PESTICIDES									
Aitoid Briguet	Aitoid XR	Aitoid Briguet	Aitoid Pellets	Aitoid Liquid	Dimilin 2.5 W	GB 1111	Vectobac 12AS	Vectobac G	Vectolex CG
Vectobac 12AS	Vectobac G	Vectolex CG	Vectolex WDG	Vectolex WSP					

**SAN JOAQUIN COUNTY MOSQUITO AND VECTOR
CONTROL DISTRICT**

LABEL TRAINING MAKE-UP MEETING

**Wednesday
February 28TH, 2007**

(BRING YOUR LABEL BINDERS)

The meeting will be broken into two groups. The first group will review the District's larvicide labels. The second group will review the adulticide labels and Adult Mosquito I.D training.

LARVICIDE LABEL TRAINING (8:30 A.M.)

Brian Heine
Stacy Bearden
Mary Iverson
Steve Leipelt
Steve Azevedo
Ernie Mancuso
Tiffany Anderson
Don Meidinger

ADULTICIDE LABEL TRAINING (11:30 P.M.)

Greg Edwards
Brian Heine
Don Meidinger
Norm Hopkins

ADULT MOSQUITO ID TRAINING (1:30 P.M.)

Greg Edwards
Brian Heine
Don Meidinger
Norm Hopkins

COPY

Applicator, mixer, etc.

PESTICIDE SAFETY INFORMATION SERIES

PESTICIDE CATEGORY III

DATE OF INITIAL TRAINING 2-22-07

PESTICIDES	
TA	Aquaster
TA	Round-up Pro
TA	In-Place
TA	R-11
TA	Suspend
TA	Pyrenone
TA	Op Spray
TA	Pyrenone 25-5
TA	Scourge
TA	Evergreen 60-6
TA	Garlon 4
TA	Moract