PESTICIDE SAFETY TRAINING RECORD											
T.DC											
NAME THONY CINCERSON NAME OF EMPLOYER SICH VC											-
ASSIGNED JOB DUTIES: For L. T											
Applicator, mixer, etc.								有意			
						=	_	_	=	_	-
SAFE PROCEDURES: Pouring, lifting, opening,	1										
operating equipment, etc.	1	$\dashv$	+	-	$\dashv$	$\dashv$	-	+	+	+	$\rightarrow$
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	X										
gloves, goggles, boots, respirator, apron, etc.	'	$\dashv$	-	-	$\dashv$	-	-	$\dashv$	$\dashv$	-	$\dashv$
REPORT IMMEDIATELY SYMPTOMS OF POISONING:											
Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.											
WASH HANDS AND ARMS WITH SOAP & WATER:		-	-	+	$\dashv$	1		$\dashv$	-	$\dashv$	
Before eating, drinking, smoking, going to the restroom.	X										
WASH COMPLETELY at the end of work day,	1.1	1	-	$\dashv$	1	1	-	$\dashv$	$\dashv$	$\dashv$	
change into clean clothing.	11/										
WEAR CLEAN WORK CLOTHES DAILY.			1	$\dashv$	$\neg$	1			$\neg$		
EMERGENCY MEDICAL INFORMATION: Name, address,	1										
phone number of clinic, physician, or hospital	X										
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.	1	$\longrightarrow$	$\dashv$	-	-	-		-		-	
READ THE LABEL: Signal word, precautions,	X										
first aid, rate, dilution, volume.	1		-	-	-				$\dashv$	-	
TRIPLE RINSE THE CANS AT THE TIME OF USE.	X										
	+			-							
DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.	X										
STORAGE of pesticide cans in a locked and posted	+										
area or with an authorized person watching the cans.	IX										
PESTICIDE SAFETY INFORMATION SERIES				1							
PESTICIDE SALETT IN ORMATION SERVES	X										
	+						2820				
EMPLOYEE INITIALS	KA										
	المواد	bre									
DATE - MO/DAY/YR -	D.	-									
	M										
PESTICIDE CATEGORY	12	-				DE 6	1				_
	1. 1	1	,	PES	TICI	DES	1	1	1		
	1	/	1	1	1			1		1	1
EMPLOYEE SIGNATURE	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1			1	1
DATE OF INITIAL TRAINING 5-24-06	1	1	1	1	1	1		1	1		1
/3	3	/	1		1	1		1			1
	1		1	-	-	-	-	-	-	1	1
Training Initial	1		1 1	1	1		1			1	