

Tiffany Anderson
1900 Lakeshore Drive
Lodi, CA 95242
209-331-0208

<http://culexpien.com>

February 1, 2016

Dr. Michael Bronshvag
11010 White Rock Rd., Ste. 120
Rancho Cordova, CA 95670

Regarding: My workers' compensation claims against San Joaquin County Mosquito & Vector Control District

Dear Dr. Bronshvag:

It has just come to my attention that you were provided by defense counsel Sara Skolnik a June 11, 2014 letter from the San Joaquin County District Attorney's office as part of the pre-QME document submissions. That document is new to me. I've reviewed it and disagree with its conclusion.

From 2004 to 2010, my employer took steps to hide the use of formaldehyde from their employees, including me. To date, this employer refuses to inform employees about all chemicals used. Other employees have also developed inexplicable illnesses.

I was not state-certified to apply pesticides during the time that I was being treated for three (3) separate exposure incidents. I was operating under Eddie Lucchesi's license and he was responsible to ensure that I understood my rights and that all laws were followed to protect my health.

During the 2014 Grand Jury investigation, I was repeatedly denied the opportunity to fully set out my employer's wrongdoing, the misconduct. For that reason, I am asking you to disregard the June 11, 2014 letter signed by deputy Scott A. Fitchner, a subordinate of then-district attorney James Willett.

I'd again ask that you to read the MSDS labels involved, including those products containing formaldehyde. Those labels suggest the mental health harm that you wanted to make a referral for.

If MSDS labels are beyond your area of expertise, then please refer this out to an additional evaluator.

Sincerely,



Tiffany Anderson

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN

I Am in the County of San Joaquin, State of California. I am over the age of 18 years.
My residence is 1900 Lakeshore Drive, Lodi, CA 95240.

I served the foregoing document described as:

Letter to Dr. Bronshvag dated February 1, 2016, and enclosures of training records (in the exact chronology as provided by defense counsel), Grand Jury Complainant Form from September 12, 2009, on all parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon, prepaid in the United States mailed at Lodi, California, addressed as:

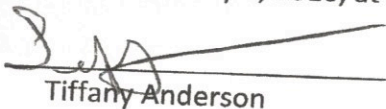
Sara Skolnik
STOCKWELL HARRIS
1007 West College Ave., Ste. 301
Santa Rosa, CA 95401

WCAB
31 E. Channel Street, #344
Stockton, CA 95202

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on February 1, 2016, at Lodi, California.

By:


Tiffany Anderson

Copies:

SJC District Attorney Tori Verber Salazar
P.O. Box 990
Stockton, CA 95201

[I am most interested in your office pursuing the Mosquito District for Insurance Fraud]

Kathleen Rooney, Captain
Fraud Division
California Department of Insurance
9342 Tech Center Drive, Suite 500
Sacramento, CA 95826



JAMES P. WILLETT
DISTRICT ATTORNEY

OFFICE OF THE DISTRICT ATTORNEY
SAN JOAQUIN COUNTY

MAIN OFFICE

222 East Weber Avenue, Suite 202, Stockton, California
P.O. Box 990, Stockton, California 95201
Telephone: (209) 468-2400 Fax: (209) 465-0371

EDWARD J. BUSUTTIL
ASSISTANT DISTRICT ATTORNEY

June 11, 2014

Mr. Gary McIver
Cal/OSHA
Sacramento, CA

Re: San Joaquin County Mosquito
and Vector Control District

Gary:

The 2011-2012 San Joaquin County Civil Grand Jury received a complaint and initiated an investigation into the operations of the San Joaquin County Mosquito and Vector Control District. A final report was issued in June of 2012.

As an advisor to the Grand Jury, I was notified during the investigation that allegations of illegal conduct were being made against the district concerning the use of the drug Paracide-F. The Grand Jury asked the District Attorney's Office to investigate this allegation.

District Attorney Investigator Mike Morris interviewed the complainant, employees of the district, reviewed documents and consulted with state experts concerning the allegation. Based on his investigation there was no indication of criminal conduct. The Grand Jury was notified and no further action was taken.

If anything further is needed, please let me know.

Sincerely,

JAMES P. WILLETT
DISTRICT ATTORNEY

Scott A. Fichtner
Chief Deputy District Attorney

NOTICE OF NO VIOLATION AFTER INSPECTION

San Joaquin County Mosquito Abatement District
7759 S Airport Way
Lodi, CA 95206

An inspection was conducted by **Gary McIver** at a place of employment located at **12755 N Thornton Rd, Lodi, on 01/13/2014**. This inspection was initiated by any or all of the following reasons: complaint, follow-up, referral, planned.

Description of area(s) inspected:
An inspection of the San Joaquin County Mosquito Abatement District at the White Slough Facility did not result in violations of the California Code of Regulations, Title 8. Emphasis was placed on training, flotation devices, chemical exposure, usage and storage of Formalin (Parasite-S), harzard identification and pulling manhole covers.

Signature: 

Safety Engineer/Industrial Hygienist

Signature: 

District Manager/Senior Industrial Hygienist

Date of Issuance: _____

Date Inspection Completed: _____

Said inspection was completed on _____. It has been determined that no violation of any standard, rule, order or regulation set forth in Title 8, California Code of Regulations and Division 5 of the California Labor Code has been found as a result of this inspection.

This notice relates solely and exclusively to the inspection on the above date, which was not necessarily a comprehensive inspection of the worksite. Due to the transitory nature of worksite conditions, violations can occur occasionally or routinely and may be undetected by any given inspection. This notice does not preclude the issuance of citations on any future inspection.

2	4	H9839	002-14	316703016
Region	District	SE/IH Identification No.	Optional Report No.	Cal/OSHA Form 1 Report No.

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

4206 Technology Drive, Suite 3

Modesto, CA 95356

Telephone: (209) 545-7310

Fax: (209) 545-7313



12.05.13

San Joaquin Cty Mosquito & Vector Control Dept
7759 S. Airport Way
Stockton, CA 95206

Dear Employer:

The Division of Occupational Safety and Health has received a complaint alleging the following condition(s) at your workplace at 12755 N. Thornton Rd, Lodi, which may be a violation of the Safety Orders found in Title 8 of the California Code of Regulations.

Alleged Condition(s) and Title 8 Code Section(s): Regulatory reference available at www.dir.ca.gov/samples/search/query.htm.

1. Poor training. Section 3203.
2. Work in and around water with no flotation device. Section 3389a.
3. Supervisors stopped supervising employees. Section 3203.
4. Not informing employees of chemicals exposure. Section 5194.
5. Pulling 80 pounds manhole covers. Section 3203, 5110.

The Division has not determined whether the hazards, as alleged, exist at your workplace and, at this time, the Division does not intend to conduct an inspection of your workplace.

However, you are required to investigate the alleged condition(s) and notify this Office in writing no later than fourteen (14) calendar days after receipt of this letter whether the alleged condition(s) exist and, if so, specify the corrective action(s) you have taken and the estimated date when the corrections will be completed.

Please include any written documentation, e.g., equipment purchase orders or contracts for corrective work, and photographs, if appropriate, in your response. If you do not respond in a timely and satisfactory manner, an unannounced inspection of your workplace will be scheduled which may result in citation(s) and monetary penalties. Also, every tenth

satisfactory letter response from employers is subject to verification by an inspection.

San Joaquin Cty Mosquito & Vector Control Dept
Page 2

You are required to post a copy of this letter and a copy of your response to the Division in a prominent location in your workplace where it is readily accessible for employee review for at least three (3) days or until the hazard is corrected, whichever is longer.

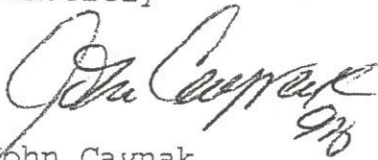
This letter is not a citation or a notification of a proposed penalty. Citations and penalties can only be issued after an inspection of your workplace. If the Division does not receive a satisfactory response from you within fourteen (14) calendar days after receipt of this letter, an on-site inspection will be conducted as appropriate.

If the identity of the complainant is known to the Division, a copy of this letter will be sent to the complainant. Also, the complainant will be notified that California law protects any person who makes a complaint about workplace safety and health hazards from being treated differently, discharged or discriminated against in any manner by their employer. If a complainant believes they have been discriminated against, it is their right to file a complaint with the Division of Labor Standards Enforcement within six (6) months of the discriminatory action.

If you have any questions concerning this matter, please contact me at the address in the letterhead.

Your interest in the safety and health of your employees is appreciated.

Sincerely

A handwritten signature in dark ink, appearing to read "John Caynak", with a date "9/16" written below it.

John Caynak
District Manager

/sb

Reference: File 362 209221084-d

COPY

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER STCHVCD
 ASSIGNED JOB DUTIES: all
 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 2-22-07
 PESTICIDE CATEGORY III

EMPLOYEE SIGNATURE [Signature]
 DATE OF INITIAL TRAINING 2-22-07

Training Initial

PESTICIDES											
Aquamaster	Round-up Pro	In-Place	B-11	Suspend	Pyrenone	Pyrenone	Pyrenone	25-5	Scourge	Evergreen	Garlon 4
TA	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA

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

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	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
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

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									
Altosid Biquartz 30 day	Altosid XR	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid XR	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid
Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid	Altosid

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SSCMVCO
 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
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										

EMPLOYEE INITIALS

DATE - MO/DAY/YR

PESTICIDE CATEGORY

EMPLOYEE SIGNATURE

DATE OF INITIAL TRAINING

Training Initial

PESTICIDES									
AQUAMASTER	ROUND-UP PRO	IN-PLACE	R-11	SUSPEND	PYRETHROID CROP SPRAY	MGK-7396	SCOURGE	FYFANON	GARLON 4
									MORACT

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
NAME OF EMPLOYER SJC MVC
ASSIGNED JOB DUTIES: applicator
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 MEDICINE

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

EL

1/31/01 FORMS\PESTRIN.DOC

NAME Tiffany Anderson
NAME OF EMPLOYER SJCM VC
ASSIGNED JOB DUTIES: tech I
Applicator, mixer, etc.

NAME Tiffany Anderson
NAME OF EMPLOYEE 5

NAME OF EMPLOYER SICM VC
ASSIGNED JOB DUTIES _____

ASSIGNED JOB DUTIES: tech I
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.

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 5-24-06

Training Initial

1/31/01 FORMS\PESTRIN.DOC

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 Tiffany Anderson
 DATE OF INITIAL TRAINING 3-1-05

E. Juarez

Training Initial

PESTICIDES											
ALTOCID BRIGUET 30-DAY	ALTOCID XR BRIGUETS	ALTOCID PELLETS	ALTOCID LIQUID LARVICIDE	DIMILIN 25 W	GB 1111	VECTOBAC 12AS	VECTOBAC G	VECTOLEX CG	VECTOLEX WDG	VECTOLEX WSP	
EL									✓		

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 ZS-5	SCOURGE	FYFANON	GARLON 4	MORACT	

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER STC MVED
 ASSIGNED JOB DUTIES: applicator mct + T
Applicator, mixer, etc.

COPY

SAFE 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, I or II dizziness, headache, blurred vision. <u>only</u>		X					
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 the end of work day, change into clean clothing.	X	X	X	X	X	X	X
WEAR CLEAN WORK CLOTHES DAILY.	X	X	X	X	X	X	X
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
DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.	X	X		do not mix	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	A-8	A-8	A-8	A-8	A-8	A-8
EMPLOYEE INITIALS	TA	TA	TA	TA	TA	TA	TA
DATE - MO/DAY/YR	4/19	4/19	4/19	4/19	4/19	4/19	4/19
PESTICIDE CATEGORY	3	3	3	3	3	3	3
EMPLOYEE SIGNATURE <u>Tiffany a</u>							
DATE OF INITIAL TRAINING <u>4-19-04</u>							
Training Initial							
	Agnique MMF	Alt. Lar. Liq.	Alt. Sm. Brig	Alt. Pellets	Alt. SBG	Aquamaster	Dimilin WP
	Fyfanon	Garlon 4	GB 1111	Moract			

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	A8	A-8		A-8	A8	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		5/10	5/10	4/20	4/20	4/20	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.	Chloro	Pyro 25-5	Pyroc. 7396	Placement	R-11	Roundup-Pro	Scourge	Suspend SC	Vec. 12 AS	Vectobac Gran

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 4-19-04

Training Initial

PESTICIDE SAFETY TRAINING RECORD ADULTICIDES/HERBICIDES/SURFACTANTS

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

	Evergreen 60-6	Pyrenone 25-5	Pyrenone Crop Sp	Pyrocid 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 N-8	X	X	X	X	X	X	X
EMPLOYEE INITIALS:	TA	TA	TA	TA	TA	TA	TA
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

ADULTICIDES/HERBICIDES/SURFACTANTS

NAME Tiffany Anderson
 NAME OF EMPLOYER: SSC H&VCO
 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	2
EMPLOYEE SIGNATURE:						
DATE OF INITIAL TRAINING:	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

NAME Tiffany Anderson
 NAME OF EMPLOYER: S. J. County Mosquito & Vector Control District
 ASSIGNED JOB DUTIES (applicator, mixer, etc.): all


	Vectolex Gran	Vectolex WDG	Vectolex WSP	Vectomax CG	Agriquel
SAFETY PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	X	X	X	X	X
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	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
WASH COMPLETELY at end of work day, change into clean clothing	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
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
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
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans	X	X	X	X	X
PESTICIDE SAFETY INFORMATION SERIES	X	X	X	X	X
EMPLOYEE INITIALS:	TA	TA	TA	TA	TA
DATE - MO/DAY/YR:	1-11-11	1-11-11	1-11-11	1-11-11	1-11-11
PESTICIDE CATEGORY:	III	III	III	III	III
EMPLOYEE SIGNATURE:					
DATE OF INITIAL TRAINING:	1-11-2011				
TRAINING INITIALS:	EL	EL	EL	EL	BH

PESTICIDE SAFETY TRAINING RECORD LARVICIDES

NAME Tiffany Anderson

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

ASSIGNED JOB DUTIES: applicator, mixer, etc. 7011 tech

	Agnique MMF	Agnique MMFG	Altosid 30 Day Brigs	Altosid XR Brigs	Altosid Pellets	Altosid Pellets WSP	Aquabac 200 G	Aquabac XT	BVA 2	Vectobac 12 AS	Vectobac Gran	Vectobac WDG
SAFETY 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 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:	1-11-2011											
TRAINING INITIALS:	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL

NAME Tiffany Anderson
NAME OF EMPLOYER 306
ASSIGNED JOB DUTIES:

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

**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 adulticiding program.**
(Lucchesi) / *STRDM*
2. **Dead Bird Recovery Permit**
(Lucchesi / Bearden)
3. **UNUM Update**
(Lucchesi)
4. **Label review of Adulticide 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**

GENERAL MEETING

Date: 4/21/09

Anderson, Tiffany
 Andres, Scott
 Azevedo, Steve
 Bearden, Stacy
 Bennett, Morgan
 Capuccini, Richard
 Corrales, Michael
 Devencenzi, Aaron
 Duke, Steve
 Durham, Bob
 Edwards, Greg
 Esau, Janine
 Fraser, Larry
 Heine, Brian
 Hiers, Chris
 Hopkins, Deanna
 Hopkins, Norman
 Iverson, Mary
 Keith, Dennis
 Leipelt, Steve
 Lucchesi, Ed
 Mancuso, Ernst
 Meidinger, Don
 Morgan, Michelle
 Mortenson, Fred
 Nicholas, Emily
 Nienhuis, Keith
 Nolin, Larry
 Pfeifer, Roy
 Sarale, Joseph
 Smith, David
 Stroh, John
 Vana, Dave
 Vignolo, John

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

**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

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

PESTICIDES									
ALTOSID BRIGUET	ALTOSID XR BRIGUETS	ALTOSID PELLETS	ALTOSID LIQUID LARVICIDE	GB 1111	VECTOBAL 12 AS	VECTOBAL G	VECTOLEX EG	VECTOLEX WDG	VECTOLEX WSP

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	ED LUCCHESI	Ed Lucchesi
Mancuso, Ernest	MANCUSO, ERNEST	Ernest Mancuso
Meidinger, Don	Don Meidinger	Don Meidinger
Morgan, Michelle	MICHELLE MORGAN	Michelle Morgan
Mortenson, Fred	FRED MORTENSON	Fred Mortenson
Nicholas, Emily	EMILY NICHOLAS	Emily Nicholas
Nienhuis, Keith	KEITH NIENHUIS	Keith Nienhuis
Nolin, Larry	LARRY NOLIN	Larry Nolin
Pfeifer, Roy	ROY D. PEEFER	Roy D. Pfeifer
Sarale, Joseph	JOSEPH SARALE	Joseph Sarale
Sheffield, James	James Sheffield	James Sheffield
Smith, David	DAVID SMITH	David Smith
Stroh, John	JOHN STROH	John Stroh
Vana, Dave	D VANA	D Vana
Vignolo, John	JOHN VIGNOLO	John Vignolo

~~COPY~~

Applicator, mixer, etc.

PESTICIDE SAFETY INFORMATION SERIES

11-8

PESTICIDE CATEGORY 3

DATE OF INITIAL TRAINING

Training Initial

01/17/07 FORMSIPESTRAIN.DOC

PESTICIDES	
EL	Aitoid Driguats 30 day
EL	Aitoid XR Briglets
EL	Aitoid
EL	Pettets
EL	Aitoid Liquid
EL	Larvicide Dimilin 2.5 W
KN	GB 1111
KN	Vectobac 12AS
KN	Vectobac G
KN	Vectolex CG
KN	Vectolex WDG
KN	Vectolex WSP

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.	X	X	X	X	X	X	X	X	X	X	X
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 <u>TA</u>	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA	TA
DATE - MO/DAY/YR <u>2-6-08</u>											
PESTICIDE CATEGORY <u>3</u>	3	3	3	3	3	3	3	3	3	3	3
EMPLOYEE SIGNATURE <u>[Signature]</u>											
DATE OF INITIAL TRAINING _____											
Training Initial	TA	TA	TA	TA							
PESTICIDES	Aguamaster	Round-up Pro	In-Place	R-11	Suspend	Pyrenone Chop Spray	Pyrenone 25-5	Scourge	Evergreen 60-6	Garlon 4	Moract

SAN JOAQUIN COUNTY CIVIL GRAND JURY
222 E. Weber Ave., Room 303 Stockton, CA 95202
Phone: (209) 468-3855

September 12, 2009

COMPLAINT FORM

All communications to the Grand Jury are confidential.

The Grand Jury is the avenue for county residents to bring attention to what they believe are injustices not resolved by public agencies, after other reasonable efforts have failed.

What is your name, address and phone number?

Tiffany Kay Anderson
1516 Sylvan Way #205
Lodi CA 95242
209-263-7132

What agency and/or person are you complaining against? *(Name of agency and all individuals, including their addresses and phone numbers)*

San Joaquin County Mosquito Control & Vector District
7759 Airport Way
Stockton CA 95207

Board of Directors
John Stroh
Eddie Luchesi
Bob Durham
Keith Nienhuis

Please explain the nature of your complaint providing as many details as you can, including dates, times, and places where the events took place. (Attach extra sheets if necessary)

Mismanagement by John Stroh

- Supervisors have been left with unfilled zones and undertrained techs Positions left unfilled resulting in lack of control of West Nile Virus
- Promotions given have resulted in complaints of sexual harassment and retribution, lack of morale of field technicians, and a hostile work environment. This was due to lack of training in human resources and favoritism
- When confronted with the aforementioned issues John will instruct supervisors to reprimand employee and or modify employee evaluations with the intent of

terminating employee creating an environment of fear

- Assistant supervisors acting as temporary supervisors are not allowed to attend supervisor meetings. Resulting in fractured communications and conflicts. John has used this practice for more than two years.
- Improper hiring practices: hiring based on friendships, written job descriptions not provided, if there was a protocol for hiring in a manual it is not being followed. My own employment is an example.
- John has instructed me to perform my tasks in a certain manner, which was contradictory to my supervisors' instruction resulting in reprimands and negative evaluations. Some of these actions were not realistically feasible.
- 2006 was the second failed attempt to replace the functional system of record keeping for field technicians with GPS handheld devices. In 2008 of May a third attempt was introduced. Technicians were ordered to disregard the frustrations of the defective inefficient haphazard conditions that were experienced in the field

John Stroh has condoned and facilitated employee's illegal or unethical actions while on payroll, by use of in house attorneys or other means.

John's management style is reflected in his immediate subordinates resulting in Increasing liabilities to the county and increased worker stress related claims.

These are a few examples of my observations and experiences, which can be supported by my notes and other employees. Whose names I will provide if you accept this investigation.

These are my concerns about the board of directors:

- 1 Are not actively interested in the efficiency and utilization of taxpayer dollars, an example of this was the use of special state funds for the control of West Nile virus, i.e. indiscriminate cessation of control measures and waiting to start treatment after detection of virus had occurred.
- 2 After repeated uses of legal council to mitigate financial or litigation due to sexual harassment and other human resources no investigation by the board was initiated.
- 3 Employees have been persuaded not to express to the board.
- 4 Why are tax payers paying for health care for part time board members, is this a standard practice in the county?
- 5 Some members of board have served over 20 years resulting in apathy and lack of

understanding of health issues. This has resulted in inter employee lawsuits as well as suits against the board by environment.
6 Possible Brown Act violations.

Action taken. Please list other persons and/or agencies you have contacted in an attempt to resolve this complaint and any actions you have taken yourself.

My immediate supervisor

Assistant manager

Manager

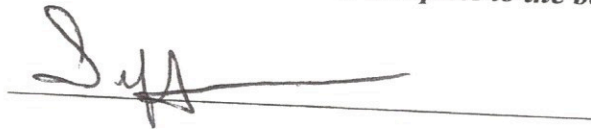
Smart Risk Management for E.R.M.A. Trainer Gerry Preciado
Leon Medina Department of Fair Housing & Employment

Witnesses. Please provide names and telephone numbers of anyone else who can substantiate your complaint.

I will provide these when you interview me. This is because my fellow employees fear retribution.

The information in this form is true, correct and complete to the best of my knowledge.

SIGNATURE:

A handwritten signature in dark ink, appearing to be 'J. H.', written over a horizontal line.

DATE:

September 12, 2009