

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		5/10	5/10	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	Pyro. Crop Sp.	Pyro 25-5	Pyroc. 7396	Placement	R-11	Roundup-Pro	Scourge	Suspend SC	Vec. 12 AS	Vectobac Gran	

NAME _____
NAME OF EMPLOYER _____
ASSIGNED JOB DUTIES: _____
Applicator, mixer, etc.

Applicator, mixer, etc.

1/31/01 FORMS\PESTRIN.DOC

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.							
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	<u>10.23 BT 2007-10-16</u>		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	4/20	4/20	4/20	4/19
PESTICIDE CATEGORY	3	3	3	3	3	3	3

PESTICIDES	Training Initial
Agnique MMF	
Alt. Lar. Liq.	
Alt. Sm. Brig	
Alt. Pellets	
Alt. SBC	
Aquamaster	
Dimilin WP	
Fyfanon	
Garlon 4	
GB 1111	
Moract	

EMPLOYEE SIGNATURE Tiffany a
 DATE OF INITIAL TRAINING 4-19-04

COPY

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SJC m vco
 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 <u>A-8</u>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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 BRIGUETS 30-DAY	ALTO SID XR BRIGUETS	ALTO SID PELLETS	ALTO SID LIQUID CARBICIDE	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 SJCMVC
 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	FYFARON	GARLON 4	MORACT	

NAME Tiffany Anderson
NAME OF EMPLOYER SSCMVC ID
ASSIGNED JOB DUTIES: applicator
Applicator, mixer, etc.

[illegible]

DATE - MO/DAY/YR

PESTICIDE CATEGORY

EMPLOYEE SIGNATURE

DATE OF INITIAL TRAINING

Training Initial

1/31/01 FORMS\PESTRAIN.DOC

[illegible]

↑ MGK-7396

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

EMPLOYEE SIGNATURE [Signature]
 DATE OF INITIAL TRAINING 3-23-06

Training Initial
EL

PESTICIDES											
ALTO SID BRIGUET BRIDAY	ALTO SID BRIGUET	ALTO SID PELLETS	ALTO SID LIQUID LARVICIDE	DIMILIN 25 N	GB 1111	VECTOBAC 12AS	VECTOBAC G	VECTOLEX CB	VECTOLEX WDG	VECTOLEX WSP	

PESTICIDE SAFETY TRAINING RECORD

NAME Liffany Anderson

NAME OF EMPLOYER SICM VC

ASSIGNED JOB DUTIES: tech I
Applicator, mixer, etc.

[illegible][illegible]

REPORT IMMEDIATELY SYMPTOMS OF POISONING:								
Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.								

[illegible][illegible][illegible]

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

[illegible][illegible]

TRIPLE RINSE THE CANS AT THE TIME OF USE.

[illegible][illegible][illegible][illegible]

DATE - MO/DAY/YR

[illegible]

EMPLOYEE SIGNATURE [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 SJCMVCD
 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 TADATE - MO/DAY/YR 2-22-07PESTICIDE CATEGORY IIIEMPLOYEE SIGNATURE [Signature]DATE OF INITIAL TRAINING 2-22-07

Training Initial

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

PESTICIDE SAFETY TRAINING RECORD

NAME Tiffany Anderson
 NAME OF EMPLOYER SSCMVLC
 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											
Aitoid Briquet	Aitoid XR	Aitoid	Pattlets	Aitoid Liquid	Dimilin 25 W	GB 1111	Vectobac 12AS	Vectobac G	Vectolex CG	Vectolex WDG	Vectolex WSP
BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD

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 2-6-08

PESTICIDE CATEGORY 3

EMPLOYEE SIGNATURE [Signature]

DATE OF INITIAL TRAINING _____

Training Initial

PESTICIDES											
Aitosid Briguats	Aitosid XR	Aitosid Briguats	Aitosid Pellets	Aitosid Liquid	Dimilin 25 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

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	X	X	X	X	X	X	X	X	X	X	X
N-8	X	X	X	X	X	X	X	X	X	X	X

EMPLOYEE INITIALS

TA

DATE - MO/DAY/YR

2-6-08

PESTICIDE CATEGORY

3

EMPLOYEE SIGNATURE

[Signature]

DATE OF INITIAL TRAINING

Training Initial

PESTICIDES											
AquaMaster	Round-up Pro	In-Place	R-11	Suspend	Pyrenone	Crop Spray	Pyrenone 25-5	Scourge	Evergreen	Garlon 4	Moract
TA	TA	TA	TA								

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												
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000
Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000	Alto 3000

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	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 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												
AQUAMASTER	ROUND UP PRO	IN-PLACE	R-11	SUSPEND	PURENONE CREEP SPRAY	MCK 7396	EVERGREEN 60-6	GARLON 4 ULTRA	RYCONYL 52.5	AGULABER XT	Monteary Crop	Oil
BH	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH

NAME

Tiffany Anderson

NAME OF EMPLOYER:

S. J. County Mosquito & Vector Control District

ASSIGNED JOB DUTIES (applicator, mixer, etc.)

all

	Vectolex C Gran	Vectolex WDG	Vectolex WSP	Vectomax CG	Agnique MMP 35
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					
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:	11-11	11-11	11-11	11-11	11-11
PESTICIDE CATEGORY:	III	III	III	III	III
EMPLOYEE SIGNATURE:	Tiffany Anderson				
DATE OF INITIAL TRAINING:	11-11-2011				
TRAINING INITIALS:	EL	EL	EL	EL	BH

ANSI

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


ASSIGNED JOB DUTIES (considered significant)

[illegible]

PESTICIDE SAFETY TRAINING RECORD ADULTICIDES/HERBICIDES/SURFACTANTS

NAME Tiffany Anderson
NAME OF EMPLOYER: SCHVAP

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

	Evergreen 60-6	Pyrenone 25-5	Pyrenone Crop Sp	Pyrocide 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