PESTICIDE SAFETY TRA	VINING R	ECO	RD						
NAME									
NAMENAME OF EMPLOYER									
ASSIGNED JOB DUTIES:							····		
Applicator, mixer, etc.									
SAFE PROCEDURES: Pouring, lifting, opening,		1.7		ı	I /	ı	ı	<u> </u>	1 .
operating equipment, etc.		$\langle $	1 1	XF	IX	ΙX	IX	IX	$ \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \;$
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,		T _V		1	1,1	1'>	17		
gloves, goggles, boots, respirator, apron, etc.	X	IX		X	X	IX	X	IX	$ \vee $
REPORT IMMEDIATELY SYMPTOMS OF POISONING:				1	1	┢	†	 	
Pinpo int, pupils, nausea, shortness of breath,				1		ĺ			
dizzin ess, headache, blurred vision.					1	1			ĺ
WASH HANDS AND ARMS WITH SOAP & WATER:				/	J	V	V	V	,
Before eating, drinking, smoking, going to the restroom.	1 1 1 7	-	\vee	X	1		\triangle	Λ	Χ
WASH COMPLETELY at the end of work day, change into clean clothing.			X	1,	X	V		>	
WEAR CLEAN WORK CLOTHES DAILY.	1-1/	1^	X	17	_	\triangle	X	\triangle	$\lfloor X \rfloor$
EMERGENCY MEDICAL INFORMATION: Name, address,									
phone number of clinic, physician, or hospital	×	· X	X		X	X	. /	\bigvee	
emergency room & where information is located.			/ /	1/	^	Λ	X	Λ	λ
MEDICAL SUPERVISION: Required when working	1	1		 					<u> </u>
more than 30 hrs. in 30 days with carbamates,						ł		\mathbf{z}	- [
organophosphates with "DANGER: or "WARNING"		1 1				- 1	4	X	
on label.									- 1
READ THE LABEL: Signal word, precautions, first aid, rate, dilution, volume.		X	1 1	,	1	1	1		\/
mst aid, rate, dilution, voidine.	 	 	17	X	<u> </u>	X	V	X	X
TRIPLE RINSE THE CANS AT THE TIME OF USE.	I X	X	X	V.	1	\vee	\vee	$\sqrt{}$	
DRIFT: Confine the spray to the crop, watch out for	 	 	- ^ ,	$\vdash \sim \downarrow$	\rightarrow	^	$\overline{\lambda}$	$\stackrel{\sim}{\rightarrow}$	
people, animals, waterways, or any special hazards.		IXI	X	1	1	$\times 1$	\forall	\vee	$\times 1$
STORAGE of pesticide cans in a locked and posted	1	1	Y	/-	-	$\stackrel{\wedge}{+}$	-\-	$^{\wedge}$	
area or with an authorized person watching the cans.		X	1 1	4	\times h	$\langle 1 \rangle$		\checkmark [XI
PESTICIDE SAFETY INFORMATION SERIES			- - 		' ू	/ 	A	/` - -	
	18	p-Y	15-8	DX	2-X 1	U-81	7-8	NS.	N-8
	10	$\frac{1}{\alpha}$			4()	$\frac{1}{\sqrt{1}}$	$\overline{}$	<u>"</u>	7/
EMPLOYEE INITIALS	TA	10	19	11	14/		14/	111	114
DATE MO/DAY/O/D	4120	412	4119	C110	1120	12/	412	119	4119
DATE - MO/DAY/YR				3/1/2	410	" "	110 12	(11)	<u> </u>
PESTICIDE CATEGORY	3	5	131	2	21	3/	3/	31	3
TEOTIGIDE CATEGORY	-/-		ESTICI	<u> </u>	4		- }	4	
	/ /	1	d	JE3 					C_{ran}
	1-9	5	7 4		4	/ 8	ွ/ ,		3/
EMPLOYEE SIGNATURE), Alande	/ 3(5	7 5		\mathcal{J}_{a}		1 -		/ /
DATE OF INITIAL TRAINING 4-19-04	1 3	γ	Placemen R-13	/ 5	Íğ	6.7	77	/ જ	/
DATE OF INITIAL TRAINING 4-19-04	1374		[]	/ ମୁ	$\frac{1}{2}$	dis	/	0/	/
		1	Plac R-11	Roundur	Scourge	Suspend	/e _C	$V_{ectobac}$	
Training Initial	7 1	7	17	7	1	1	7	\neg	
	$L_{\perp}I$	$_{\perp}$							
1/31/01 FORMS/PESTRAIN.DOC				-	-				

PESTICIDE SAFETY TRA	AININ	3 RE	COF	RD						
NAME										
NAMENAME OF EMPLOYER			*							
ASSIGNED JOB DUTIES:							·			
Applicator, mixer, etc.	***************************************			7. · · · · · · · · · · · · · · · · · · ·			***************************************			
SAFE PROCEDURES: Pouring, lifting, opening,		Ī,	1 ,	<u>l.</u> /	1 1		<u> </u>	i	=	
operating equipment, etc.	X	ΙX	1X	X		- 1				
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	. /	V	1	V	1	\top	\top	1-	†	╅——
gloves, goggles, boots, respirator, apron, etc.	X	7	X	<i>\</i>		ı				
REPORT IMMEDIATELY SYMPTOMS OF POISONING:									1	1
Pinpoint, pupils, nausea, shortness of breath,			l			- 1				
dizziness, headache, blurred vision.	4	<u> </u>	<u> </u>	<u> </u>						
WASH HANDS AND ARMS WITH SOAP & WATER:	N	X	X	$ \chi $			ı			
Before eating, drinking, smoking, going to the restroom. WASH COMPLETELY at the end of work day.	10	1	1,	/					 	<u> </u>
change into clean clothing.	\perp	X	X	X						
WEAR CLEAN WORK CLOTHES DAILY.	+ '	<u>r </u>	/ `	1	}	\dashv		┥	—	
EMERGENCY MEDICAL INFORMATION: Name, address,	1	$ \bigvee$	\					ı		
phone number of clinic, physician, or hospital	X	$ \wedge $	\wedge	X			l			
emergency room & where information is located.	' \									
MEDICAL SUPERVISION: Required when working							1	1	 	
more than 30 hrs. in 30 days with carbamates,						l				
organophosphates with "DANGER: or "WARNING" on label.							1		1	
READ THE LABEL: Signal word, precautions,	+					<u> </u>	1	1	<u> </u>	<u> </u>
first aid, rate, dilution, volume.	IX	X	$ \chi $	X				1		
	+-	/				-	╂	 	 	
TRIPLE RINSE THE CANS AT THE TIME OF USE.		XI						İ		
DRIFT: Confine the spray to the crop, watch out for	1./				\dashv	1	+	 		
people, animals, waterways, or any special hazards.	1 1	X		1						
STORAGE of pesticide cans in a locked and posted			\/	\/			1	1		
area or with an authorized person watching the cans.	$\int X$	\wedge	Χ	^						
PESTICIDE SAFETY INFORMATION SERIES .	Q	, , \ 8	p.8	n 8			1			
	7-8	N	1"	H ,			<u> </u>			
EMPLOYEE INITIAL O	MA	10	A	1			1			
EMPLOYEE INITIALS	110	110	110	110			┼	-	 	
DATE - MO/DAY/YR	411	7/12	ull	Ull		丄				
	12	3	3	3						
PESTICIDE CATEGORY	17	4	7	기						
	/ 4	$-\omega$	ام	ES,	TICIDE	S	/ /	7		7
\bigcirc .	΄ ,]	Ĩ.	NS.			1 1				
EMPLOYEE SIGNATURE	Vector 6	A	Alton WSP	A	/ /	/ /				
	Vector	y :	Alton.		//					
DATE OF INITIAL TRAINING 4.19-04	# #				/ /	/	/		/	/
	7 Š	2	$I_{\mathcal{L}}^{1,1}$	/ /	'		/ /	/ /	1	/
Training Initial	-/	_/	$\vec{-}$	-		1 -	/ /	\dashv	\dashv	
Training minal		_/				/ /				

PESTICIDE SAFETY TRA	AINING RECORD	7
NAME TIHONY STORY	COPY	
ASSIGNED JOB DUTIES: Applicator, mixer letc.	mc+T.	•
SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	XXXX XXX XXX	
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	XXXXXXXX	
REPORT IMMEDIATELY SYMPTOMS OF POISONING: Pinpoint, pupils, nausea, shortness of breath, I or III dizziness, headache, blurred vision.		
WASH HANDS AND ARMS WITH SOAP & WATER: Before eating, drinking, smoking, going to the restroom.	XXXXXX	
WASH COMPLETELY at the end of work day, change into clean clothing.	XXXXXXXX	
WEAR CLEAN WORK CLOTHES DAILY. EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.	XXXXXXX	
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	1
TRIPLE RINSE THE CANS AT THE TIME OF USE. DRIFT: Confine the spray to the crop, watch out for	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
people, animals, waterways, or any special hazards. STORAGE of pesticide cans in a locked and posted	X X X	
area or with an authorized person watching the cans. PESTICIDE SAFETY INFORMATION SERIES	X X X X X X X X X X X X X X X X X X X	4
	178 p.8 p.8 p.8 p.8 p.8 p.8 p.8 p.8 p.8 p.	\dashv
DATE - MO/DAY/YR	177 777 777 777 777 777 777 777 777 777	\dashv
PESTICIDE CATEGORY	337 07 73	1
EMPLOYEE SIGNATURE	DIDIDIDIDIDI	7
DATE OF INITIAL TRAINING 4-19-04	Alt. Lar. Alt. Sm. Alt. Sm. Alt. Sm. Alt. Sm. Chamaster Commission 4 Garlon 4 GB 1111	
Training Initial		

1/31/01 FORMS\PESTRAIN.DOC



PESTICIDE SAFETY TRAINING RECORD												
NAME OF EMPLOYER SJCMVCO ASSIGNED JOB DUTIES: Applicator) mixer, etc.												
Applicatory mixes, etc.												
SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	1	~	Y	/	✓	~	<u> </u>	✓	✓	V	V	
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	~	/	\	V	\checkmark		\/	✓	~	V	·	
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.	1	~	\	~	~	/	7	~	~	~	\checkmark	
WASH COMPLETELY at the end of work day, change into clean clothing.	1	~	✓	~	~	~	V	✓	~	V	V	
WEAR CLEAN WORK CLOTHES DAILY. EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.	1	✓	>	✓	/	>	~	~	~	~	~	
MEDICAL SUPERVISION: Required when working more than 30 hrs. in 30 days with carbamates, organophosphates with "DANGER: or "WARNING" on label.												
READ THE LABEL: Signal word, precautions, first aid, rate, dilution, volume.	~	~	✓	~	<u> </u>	~	~	١	>	\checkmark	/	
TRIPLE RINSE THE CANS AT THE TIME OF USE.			~	~	~	/	سا			\checkmark		
DRIFT: Confine the spray to the crop, watch out for people, animals, waterways, or any special hazards.				✓	/	V	~	✓	V			
STORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans.	~	~	\	~	V	~	~	\\ \	\	/	V	
PESTICIDE SAFETY INFORMATION SERIES A-8	V	~	>	/	~	~	~	✓	~	V	-	
EMPLOYEE INITIALS	TA	TA	TA	₹A	TA	TA	ΤA	TÃ	TA	TA	7A	
DATE - MO/DAY/YR	3-1	3-1	3-۱	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	
DATE OF INITIAL TRAINING 3-1-05	11,705,0 80,0 gy	ACTOSIO S	11. 15. 15. 15. 15. 15. 15. 15. 15. 15.	DINI LAWICIOK	TICI 789	VEC TORAC	VECTORAC 12AS	VECTOLEY	VECTOLE "CG-	VECTOLES WDG	MSP	
Training Initial	+	-+	- 1	-t	-	-1	-1	$\neg \uparrow$	$\neg \gamma$	-/		

PESTICIDE SAFETY TRAINING RECORD											
NAME TIHANU ANDERSON NAME OF EMPLOYER SICMVC ASSIGNED JOB DUTIES:											-
Applicator, mixer, etc.						****				-	_
SAFE PROCEDURES: Pouring, lifting, opening,	/						<u>, </u>				~
operating equipment, etc. PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	·	Ť	-	<u> </u>	-	\dashv	-	-		-	
gloves, goggles, boots, respirator, apron, etc.	1	~	\checkmark	~	V	V	/	<u> </u>		-	~
REPORT IMMEDIATELY SYMPTOMS OF POISONING:					1						
Pinpoint, pupils, nausea, shortness of breath,	~		~	_		<u>ا</u> ا		<u>レ</u>		<u></u>	
dizziness, headache, blurred vision.											V
WASH HANDS AND ARMS WITH SOAP & WATER:		V	V		V	V		اسا		V	
Before eating, drinking, smoking, going to the restroom.				$\stackrel{\checkmark}{\dashv}$							<u> </u>
WASH COMPLETELY at the end of work day,	~		-	~	\	レ	~	-		<u> </u>	~
change into clean clothing.	-	}			_						
WEAR CLEAN WORK CLOTHES DAILY. EMERGENCY MEDICAL INFORMATION: Name, address,											
phone number of clinic, physician, or hospital	\ <u> </u>	~		/	\ <u></u>	~	/	_			
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.	1	~	~	'	\ <u></u>	~	~	~		~	~
TRIPLE RINSE THE CANS AT THE TIME OF USE.	~	1	~	~	\	\	~	>			\ <u>\</u>
DRIFT: Confine the spray to the crop, watch out for		~	~		\	>				~	١
people, animals, waterways, or any special hazards.	~	Ľ	Ľ	Ľ	Š	Ľ	~				
STORAGE of pesticide cans in a locked and posted		1	~	~	~		/	ر. ا		1	·-
area or with an authorized person watching the cans.	<u> </u>	ļ				ļ	ļ	<u> </u>	<u> </u>		
PESTICIDE SAFETY INFORMATION SERIES	 		/	-	~	~		~		اسه	·~
	├	 _	┼	├			ļ <u> </u>		 		
EMPLOYEE INITIALS TA	119	TA	TA	TA	TA	TA	TA	TA		TA	TA
	+	+	+	1		-	 	110	†	2 ()()	
DATE - MO/DAY/YR 41-18-05	1	4-18		4-18	4-10	4-10	┼──	4-18	├	4-18	1
2	13	13	13	3	3	3	3	3		3	3
PESTICIDE CATEGORY	 	}	 	PES	TIC	IDES	: 1 1	 	-	 	-
	/ _{s.} /	0 /	(3		1	I	131			16	. /
		1 × 0		' /	9/	V.X	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	W	3/	57	11
EMPLOYEE SIGNATURE	2/3		5 /	<u>/</u> (š k	18	31	2	3/	0/	2/
DATE OF INITIAL TRAINING 4-18-05	Round-Up	IN-P.	· /:	SUSO	: /iš	PYRES ER	1 /	FVC	(3/2)	Mich	124C7
DATE OF INITIAL TRAINING $4-18-05$	/3	/\>	0][3	' /§.	98	1,6	٤, /٤	1.3	2/3	\
<u> </u>	10X	14	1	1/2	120	/a.	\coprod	1	1	1/3	_
Training Initial						/			/		/
	\perp					$\perp \perp$	$\perp \perp$	$_{\perp}$		$oldsymbol{\bot} oldsymbol{J}$	

PESTICIDE SAFETY TRAINING RECORD											
TIPO O dass											
NAME TITTANY CINCUSON NAME OF EMPLOYER 5 J CHV C O		,						_ ,			
ASSIGNED JOB DUTIES: OPON CATOR											
Applicator, mixer, etc.											
SAFE PROCEDURES: Pouring, lifting, opening,	$ \downarrow $	1	$\langle \rangle$	1	1	.,	J I	$\sqrt{}$	VΙ	$\sqrt{ }$	X
operating equipment, etc.	7	X	Δ	\triangle	7	X	$\overline{}$	Δ	\triangle	Δ	
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	X	1	$\sqrt{ }$	X	V	1	X	\downarrow	X	X	X
gloves, goggles, boots, respirator, apron, etc.	/	1/				4	<i>[</i>		\rightarrow	-	
REPORT IMMEDIATELY SYMPTOMS OF POISONING:							Ī		l		
Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.							- 1			1	
WASH HANDS AND ARMS WITH SOAP & WATER:							-,-	- ,			
Before eating, drinking, smoking, going to the restroom.	X	X	X	X	X	1	7	X	X	X	X
WASH COMPLETELY at the end of work day,	 	,	. /	. /		<u>'</u> ,	,		\dashv	-/-	·· ,
change into clean clothing.	IX	X	X	X	X	1	1/-	X	N	71	Χ
WEAR CLEAN WORK CLOTHES DAILY.	ť			<u> </u>		<u> </u>	·				
EMERGENCY MEDICAL INFORMATION: Name, address,	11	X	X	$ \chi $	X	X	J	1	V	X	V
phone number of clinic, physician, or hospital	^	1	()	/~	^	~		\nearrow			V
emergency room & where information is located.	<u> </u>		ļ	Ļ							
MEDICAL SUPERVISION: Required when working	ļ										
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.	IX	X	IΧ	X	X	11	1	X	X	1+	lχ
	1	1.7	V	1.,	<u> </u>	,,	1	<u>.</u>		<u> </u>	1,/
TRIPLE RINSE THE CANS AT THE TIME OF USE.	1	X	Y	17	X	17	>	/	X	17	X
DRIFT: Confine the spray to the crop, watch out for	1	V	V	1	. /		_	人	1	1	V
people, animals, waterways, or any special hazards.	\ \	Δ		X	X	17	<u> </u>	/~		1	Δ
STORAGE of pesticide cans in a locked and posted	1/	X	1	1	V	,,	11	1	1	7	1
area or with an authorized person watching the cans.	X	1/	X	1 1	X	X	17	1	\triangle	1	X
PESTICIDE SAFETY INFORMATION SERIES											1
	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		
	MA	TP	MA	110	17	MA	MA	MA	M	179	tra
EMPLOYEE INITIALS	—	 	+	`	┼`	╀—	1	 	├	 	+
DATE - MO/DAY/YR 328-01	4					1					
DATE - MOIDATITIC							T				
PESTICIDE CATEGORY3]									
		/	<i>j</i>	PE	STIC	IDE:	Ska				
	Rown - US	P80/	W		/_	1.			1	1	I_{\perp}
111	77	Q /	AC.	/ /	31	14 gy	ON	Ja P	18	3/	5/
EMPLOYEE SIGNATURE	Round -UB	1/3	, CACE		(V)	831	3	LOUR GE	174 ~ La	OHK CON	"ORAC!
DATE OF INITIAL TRAINING	6/2	/ 1	` []	1/2/8	2/4	3 WZ		5) (Z 3	$\sqrt{\chi}$	
DATE OF INITIAL TRAINING	1/3	13	1	1/2/2	1/8	3/3	9 1	3/, }		$\frac{\mathcal{F}}{2}$	ð,_
14	10 <u>X</u>	17	1	*/Y)	10	對	7	1	1	<i>1</i> / 3	\
Training Initial	' ' /	r			/			<i> </i>	/		/
FL	\perp					ليا			***************************************		<i>!</i>
1/31/01 FORMSIPESTRAIN.DOC						1	MC	XK-	7.	39	6

COPY

PESTICIDE SAFETY TRAINING RECORD NAME LITTOUN 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 TAITA (M/1A) P 14 12 (A) TA **EMPLOYEE INITIALS** TA 33 DATE - MO/DAY/YR PESTICIDE CATEGORY VECTOLEX WOG **PESTICIDES** VECTOLEXCE VECTORAC VECTORAC 19670810 EMPLOYEE SIGNATURE 19670510 DATE OF INITIAL TRAINING 3238

1/31/01 FORMS\PESTRAIN.DOC

Training Initial

PESTICIDE SAFETY TRAIL	AIIAC	KEC	OKI	<u>ر</u>							
NAME Tiffory anderson											
NAME											-
ASSIGNED JOB DUTIES: +cch T	******										_
Applicator, mixer, etc.	***************************************		····								-
						.,	···			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
SAFE PROCEDURES: Pouring, lifting, opening,			1	1		ſ	1	- 1		I	
operating equipment, etc.	X										
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	X				l	1					
gloves, goggles, boots, respirator, apron, etc.											
REPORT IMMEDIATELY SYMPTOMS OF POISONING:			- 1			1		. 1	- 1	1	
Pinpoint, pupils, nausea, shortness of breath,			1	- [Ì		ı	1	
dizziness, headache, blurred vision.										— ↓	
WASH HANDS AND ARMS WITH SOAP & WATER:	X		- 1						1	1	
Before eating, drinking, smoking, going to the restroom.	Δ										
WASH COMPLETELY at the end of work day,	X					İ	l	1	1		
change into clean clothing.	11	—									
WEAR CLEAN WORK CLOTHES DAILY.				Į				1	. 1		
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital	IX		ļ	1							
emergency room & where information is located.	1'`	1	Ì	1				i		- 1	
MEDICAL SUPERVISION: Required when working	\dagger							 	-	\dashv	
more than 30 hrs. in 30 days with carbamates,	1			1					l		
organophosphates with "DANGER: or "WARNING"				l						į	
on label.	<u> </u>										
READ THE LABEL: Signal word, precautions,	\bigvee			1						l	
first aid, rate, dilution, volume.	X	<u> </u>									**************************************
	X								i		
TRIPLE RINSE THE CANS AT THE TIME OF USE.	1'\	ļ						 			
DRIFT: Confine the spray to the crop, watch out for	X									.	
people, animals, waterways, or any special hazards.	1,7	 				ļ					
STORAGE of pesticide cans in a locked and posted	lχ										
area or with an authorized person watching the cans.	\overline{Y}	 					ļ				
PESTICIDE SAFETY INFORMATION SERIES											
	∤^	 				 	 				
EMPLOYEE MITTALO	ha										
EMPLOYEE INITIALS	17,	210								 	
DATE - MO/DAY/YR	الملاء										
DITTE WOTENTY	K										
PESTICIDE CATEGORY	17/2	<u> </u>									
•	7 7	7	i	PES	TIC	DES	; /	\neg	\Box	7	
\bigcap	/🍃 /		1	' /	' '	/ /		- /			
\\\	C. C. C. C. C. C. C. C. C. C. C. C. C. C					_ /	- /				
								1		-	
DATE OF INITIAL TRAINING 5-24-06							1		1		/
DATE OF INITIAL TRAINING > 5 104	8/	/	/					1			
<u> </u>						\bot		<u></u>			/
Training Initial	7		1	1 7	· /	1	'	1 7		1	•
	$\perp \perp$					$\perp \perp$					



NAME THANY andrown NAME OF EMPLOYER STORY C D ASSIGNED FOR DUTIES

ASSIGNED JOB DUTIES: Applicator, mixer, etc.

											•	
SAFE PROCEDURES: Pouring, lifting, opening,	Π	<u> </u>	<u> </u>	1	1	1		}	1			7
operating equipment, etc.		V	/	/	/	 	V	1	V	/		
PROTECTIVE CLOTHING & EQUIPMENT: Coveralis,					Ϊ.		1	 	1-	 		
gloves, goggles, boots, respirator, apron, etc.	<u> </u>	Ľ	Ľ		1	~	~	_	~	1	V	
REPORT IMMEDIATELY SYMPTOMS OF POISONING:									1			_
Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.		İ										
WASH HANDS AND ARMS WITH SOAP & WATER:												
Before eating, drinking, smoking, going to the restroom.	-	/	~	V	اس. ا	~	V	~	1			Π
WASH COMPLETELY at the end of work day,	-		ļ	<u> </u>	<u> </u>	L_	Ľ.			~	~	
change into clean clothing.	'	/	V	V		~	~	-	_	1	اسا	
WEAR CLEAN WORK CLOTHES DAILY.		-			-				Ľ.	<u> </u>		
EMERGENCY MEDICAL INFORMATION: Name, address,	_											
phone number of clinic, physician, or hospital	~	/	/	\checkmark		~	~	~	V	✓	W	
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.	~	~	✓	V	/	~	~	_	~	~	W	
											<u> </u>	
TRIPLE RINSE THE CANS AT THE TIME OF USE.	~	V	✓	V	レ	V	~	~	V	~	-	
DRIFT: Confine the spray to the crop, watch out for			,					_				
people, animals, waterways, or any special hazards.	<u></u>	<u> </u>	~	~	ノ	V	~	~	✓	~	~	
STORAGE of pesticide cans in a locked and posted	~	✓										-
area or with an authorized person watching the cans. PESTICIDE SAFETY INFORMATION SERIES				Y	~	~	<u> </u>	~	V		4	
LONGIDE DAILET IN ORIMATION SERIES						and the same						
												-
EMPLOYEE INITIALS TA												
DATE - MO/DAY/YR 2-22-07												
PESTICIDE CATEGORY									THE PERSON NAMED IN			
	167			PES /	ricit	DES /	5-5	7	7	1	7	
EMPLOYEE SIGNATURE	?/ <u> </u>	s/ ,	Ace		35	To C	$\int g$	الله الم			/ د	
EMPLOYEE SIGNATURE DATE OF INITIAL TRAINING 2-22-07	Round-I	à			45°	renon	Scourge	Evergreen	100	/ ~		
	4	<u> </u>			الاسا	<u>a</u>]	Й/	ل آلا	Ý	\mathcal{E}	1	
Training Initial	M	x fr	a/	p/1	ra/r	7A	AA	A		NA		
Commence of the control of the contr		-	The state of the same						- 1	1		

PESTICIDE SAFETY TRAIL	AING	REC	COR	D								
NAME Tiffany anderson												
NAME OF EMPLOYER \ SSCHV()												
ASSIGNED JOB DUTIES: all						·····						
Applicator, mixer, etc.									···		-	
SAFE PROCEDURES: Pouring, lifting, opening,	17	1 ,		l			l	1	1			_
operating equipment, etc.	12	X	X	X	X	X	X	X	X	$ \sqrt{ }$	V	
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	1	1	J	1	V	$\overline{}$	<u> </u>	├ ;				<u> </u>
gloves, goggles, boots, respirator, apron, etc.	17	7	7	1	A	Λ	X	X	X	N	1	
REPORT IMMEDIATELY SYMPTOMS OF POISONING:							 	_		├─┤		
Pinpoint, pupils, nausea, shortness of breath,												
dizziness, headache, blurred vision.												
WASH HANDS AND ARMS WITH SOAP & WATER:	1/		7						_			-
Before eating, drinking, smoking, going to the restroom.	X	$ \mathcal{Y} $	X	1	+	X	4	\times	X	M	V	
WASH COMPLETELY at the end of work day,	1./	,	×						<u> </u>			<u> </u>
change into clean clothing.	X	1	_~	X	7	X	7	X	X		X	
WEAR CLEAN WORK CLOTHES DAILY.								<u> </u>	\mapsto	\vdash		
EMERGENCY MEDICAL INFORMATION: Name, address,	l	1	X		J	N.	,	. /	,	, ,		
phone number of clinic, physician, or hospital		I V	/ `	7	7	A	X	12	X	X	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"												1
on label.												ĺ
READ THE LABEL: Signal word, precautions,	}											ĺ
first aid, rate, dilution, volume.	X	X	X	V		. 1	. ,	1	X		X	
	<u> </u>				X	1	X	X	^			
TRIPLE RINSE THE CANS AT THE TIME OF USE.			X	7	X	,	4			\checkmark	1	
DRIFT: Confine the spray to the crop, watch out for	1											
people, animals, waterways, or any special hazards	X	1	1	N	X	X	X	X	\checkmark	/	X	
STORAGE of pesticide cans in a locked and posted	7		-			·,-	<u>``</u>		\triangle	Δ	$\stackrel{\wedge}{\longrightarrow}$	
area or with an authorized person watching the cans.	メ	7	7	X	$X \mid$	イ	X	X		\times	$_{\perp}$	
PESTICIDE SAFETY INFORMATION SERIES									$\stackrel{\sim}{\rightarrow}$	-	-^-	
N-8	_											
							╌┤	\dashv	-			
EMPLOYEE INITIALS									i			
DATE - MO/DAY/YR 2-28-D												
PESTICIDE CATEGORY TIL									Î			
TO THE OWN TO THE OWN												
		f	,	PES	TICI	DE	,,	ľ	ľ	ഗ	_ [
	3 /	/	/.	/ ا	/		₹[9	9	S	
EMPLOYEE SIGNATURE)	For	<u>س/</u>	7		1	15	:/ (Vector of	4	Vectory Was	James WSP	
00007	∛ ~:	र्च : ४	تالا	. <u> </u>	3/ :	Vectobac	Vectober	}/ 3	4	×Į	ų/	
DATE OF INITIAL TRAINING 2-28-07	7.75	150	7.3	3/.Z.v	/ =	13	ا څړ	/ =		7 -	3	
SVIE OLIMINO AND INCHINA	Eq	7	15	4.50	8	13	हैं।	्यू	पू पू	l to	1	
f	<u>~</u> /-		5		4	<u> </u>	_খ্ৰ	<i>≥</i> 7	<u> </u>	_3	•	
Training Initial	D/P	O/a	7)O/	20/0	3D	OK	H.	De	BA	S		
	JV			<u>۱۰ ۲۷ ۷</u>	$\sim \triangle$		\mathcal{L}	7/	17	\sim		

01/17/07 FORMS\PESTRAIN.DOC

PESTICIDE SAFETY TRAINING RECORD

COPY

NAME TERFORM ONDERSON												
NAME OF EMPLOYER S.T.M.V.C.D												
ASSIGNED JOB DUTIES:											_	
Applicator, mixer, etc.					· · · · · · · · · · · · · · · · · · ·	······································					****	
SAFE PROCEDURES: Pouring, lifting, opening,	7											
operating equipment, etc.	I _×	X	X	1		\times	1	X	IV		1.7	T
PROTECTIVE CLOTHING & EQUIPMENT: Coveralis,	+	-	╂	-		_	X	1_	X	17	X	
gioves, goggies, boots, respirator, apron, etc.	1	X	X	1		*	X	1	X	X	X	Π
REPORT IMMEDIATELY SYMPTOMS OF POISONING.	†	 	├-	┼	╂┷┼			<u> </u>		1		
Finpoint, pupils, nausea, shortness of breath	X							l	l			
dizziness, headache, blurred vision.	1	l							•	1		
WASH HANDS AND ARMS WITH SOAP & WATER:	1.	1		†			_	├	├—	├─	├ ─	丄
Before eating, drinking, smoking, going to the restroom.	X	X	1			\star	X	1	X	X	X	
WASH COMPLETELY at the end of work day, change into clean clothing.	X	1	4				 	┼─	 	 `	 	┼
WEAR CLEAN WORK CLOTHES DAILY.	1	X				+	X	1 1	X	X	X	
EMERGENCY MEDICAL INFORMATION: Name, address,									1		 	╁
phone number of clinic, physician, or hospital	X	X	X			X	X	X	*	X	X	
emergency room & where information is located	1	`			1	^		'`			1	
MEDICAL SUPERVISION: Required when working	+											
more than 30 hrs. in 30 days with carbamates												
organophosphates with "DANGER: or "WARNING" on label.	l			li								
					l						İ	
READ THE LABEL: Signal word, precautions, first aid, rate, dilution, volume.	X	X	X			. ,	V	./				- -
The state of the s	1	^	7			X	X	X	X	X	X	
TRIPLE RINSE THE CANS AT THE TIME OF USE.			X		-	X	X			V		
DRIFT: Confine the spray to the crop, watch out for					\dashv					X		
people, animals, waterways, or any special hazards	K	*	X		- I	X	X	X	X	X	X	
STORAGE of pesticide cans in a locked and posted		,	,			-				$\stackrel{\sim}{\rightarrow}$		
area or with an authorized person watching the cans.	X	X	X		-	X	X	X	X	K	X	
PESTICIDE SAFETY INFORMATION SERIES	. /		./		$\neg \vdash$							
N-8	\forall	X	*		- 1	X	X	*	X	X	X	i
EMPLOYEE INITIALS TA	_			-								
	20	, 										
DATE - MO/DAY/YR 2-1-08	3/4	3/4	16			ľ	别	2/7	3/7	2/2	2/7	
		T			_	1	_		-4	-4		
PESTICIDE CATEGORY 3		二				十				-1		
·	. /		7	EST	ICID	ES	1	+	\dashv	-		
	ŧ /		1	, 1	1	-7.	2/		. ہ	9	\mathcal{A}	
EMPLOYEE SIGNATURE	J.	./ .	_√\\$			/≈	$\int_{\mathbb{R}^n}$	g/c	\mathcal{J} .	3	3/	
	#X	# 1 o 1	J.	₹::	:/ z	18		$J\gtrsim$	£,	4	<i>J</i>	
DATE OF INITIAL TRAINING	/ऱ्र हैं	20.0	7.7	7-1	/ =/	Vectobac	Vectobac	lestolo,	Vector Land	lector.	4	
	£9.	ž 7	10 4	150	8	ত্ব /	ध्री	ŢŢ	U	ਹ	1	
Training Initial	-/-	~	5 7	-/-	4	\	খ্ৰ	3	3	<u> 3</u>		
Training mittai	L/El	- <i>[E</i>	ZJE	L/E	JKI	N/K	NIK	NIX	'nJY	N/		
	<u> </u>				1	1	1	1	7	"		

PESTICIDE SAFETY TRA	ININ	G RE	CO	RD								
NAME Tiffany autorion								<u> </u>				
NAME OF EMPLOYED 5 70 (1)												
ASSIGNED JOB DUTIES:					*******					· · · · · · · · · · · · · · · · · · ·	-	
Applicator, mixer, etc:								·····				
											_	
SAFE PROCEDURES: Pouring, lifting, opening,	T =	1										
operating equipment, etc.	$1\times$	\mathbb{I}_{V}		IX	J_{\prec}	10	1/	1/	14	L		T
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	+-	` ^	17	4	1,	$\Lambda \Lambda$		1	X	1 X	ΙX	J
gloves, goggles, boots, respirator, apron, etc.	1	IV	$1 \vee$	\mathbb{T}_{V}	1	V	V	V	V	1	V	t
REPORT IMMEDIATELY SYMPTOMS OF POISONING:	1/	1 ^	1_	1^	1,	Γ_{ν}	^	I A		1	X	
Pinpoint, pupils, nausea, shortness of breath,		1							1	1	 	t
dizziness, headache, blurred vision.	1	1		1	l	l		1	1	1		ı
WASH HANDS AND ARMS WITH SOAP & WATER:						l	l		1	1		l
Before esting drinking ampling ampling ampling		1_{\vee}	11			1	,	V	1.	1	 	ł
Before eating, drinking, smoking, going to the restroom.	<u> </u>	ΙX	X	1X	X	ΙX	X	X	1X	X	X	I
WASH COMPLETELY at the end of work day,	1/	V	1./	N	11			 	 	 `	<u> </u>	╀
change into clean clothing.	IX	$ \wedge $	IX	X	1	X	Х	X.	IΧ	X	X	ı
WEAR CLEAN WORK CLOTHES DAILY.			1		1	-	- -	-	<u> </u>			Ļ
EMERGENCY MEDICAL INFORMATION: Name, address,	$\mathbb{K}/$	W	ΙX		X	\ <u>/</u>			1		,	l
prione number of clinic, physician, or hospital	IX	IX	1	X	/ \	X	X		X	\times	X	l
emergency room & where information is located.	1	l	l							`	' `	
MEDICAL SUPERVISION: Required when working	1		1	 	_					-		L
more than 30 hrs. in 30 days with carbamates,		l										l
organophosphates with "DANGER: or "WARNING"	1						- 1					
on label.	1											ĺ
READ THE LABEL: Signal word, precautions,	V	1	1	V								F
first aid, rate, dilution, volume.	V	X	X	X	X	X	X	X	Χ	\checkmark	X	
	1	j		J	,				/ \			-
TRIPLE RINSE THE CANS AT THE TIME OF USE.	X	X	X	ト	X	X	XI	X	X	\checkmark	X	
DRIFT: Confine the spray to the crop, watch out for		. 7				- , 	- }	- 		\rightarrow	$\stackrel{\wedge}{\rightarrow}$	
people, animals, waterways, or any special hazards	X	χ	X	X	X	\times	\times	X	X	V	X	
STORAGE of pesticide cans in a locked and posted	J	. 7							$\overset{\cdot }{\dashv}$	$\stackrel{\sim}{-}$	$\stackrel{\sim}{-}$	
area or with an authorized person watching the cans	$ \mathcal{X} $	Х	乂	X	XI	$\times 1$	$\times 1$	X	X	$\sqrt{}$	$\times 1$	
PESTICIDE SAFETY INFORMATION SERIES						\rightarrow	\mathcal{L}			싀		
N-8	\times	Χ	X	X	V	X	1	\times	X		Y	
	 `` 				$\stackrel{\times}{\downarrow}$	$\stackrel{\wedge}{+}$	X		\triangle	<u>X</u>	X	
EMPLOYEE INITIALS TA	TA	TA	PA	TP	A	77	n.	n	احد	<u> </u>	2	_
$\alpha i A G$		_						M	19	A	T	
DATE - MO/DAY/YR						.		_				
	2		$\overline{}$			寸		一		_	= $+$	
PESTICIDE CATEGORY	3	31	3	3	5	3	31	3	3	31	31	
	7			PES	ricch.	-	-	_	-			
	1/	ું	i	1	1	, E3	4/	-		ŀ		
	<u> </u>	<u> </u>	<i>。</i> /	- [-	ન્ત/	\int_{λ}^{ν}	:/	1.	J.	ال.		
EMPLOYEE SIGNATURE	3/ 3	\mathcal{H}	<i>3</i> /		do	<i>:</i> []	7 a	16	7	T_{+}	_ [د	
TATE OF INITIAL TENANTING	1 -6	/ =	<u>च</u>	1 6	ปริเท	48	0	1 23		3/ 3)	
DATE OF INITIAL TRAINING	5	,	/ =	:/ 3	اره م	15/	اِجْ ا	52	1	/ Ĉ	/	
DATE OF INITIAL TRAINING	Round .	HA-PH		ار ا	54	5/	Scoura	"Verg reen	3	En or ext	1	
Training 1 to 1		7	7	-7	-/	<u>~/</u>	~ 1	<u>" </u>	<u> </u>	È		
Training Initial	V 18	2/T	74/	/	/	/	/	-		7		
	<u> </u>					\mathcal{L}_{-}			/			

PESTICIDE SAFETY TRAINING RECORD												
NAME_Tiffany anderson												
NAME OF EMPLOYER \ 306												
ASSIGNED JOB DUTIES: Applicator, mixer, etc. 3				·		+					-	
Applicator, mixer, etc.												
SAFE PROCEDURES: Pouring, lifting, opening,	V		1/	1.7	V	. /	V	()	. ,	. /		
operating equipment, etc.	X	X	X	X	X	X	Χ	Х	X	X	X	X
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	Ś	X	7	X	X	\checkmark	\vee	X	J	\checkmark		
gloves, goggles, boots, respirator, apron, etc.	\wedge	~	ア	\		\wedge	X	^	X		X	\square
REPORT IMMEDIATELY SYMPTOMS OF POISONING:									, i			
Pinpoint, pupils, nausea, shortness of breath,												
dizziness, headache, blurred vision.	<u> </u>											
WASH HANDS AND ARMS WITH SOAP & WATER:	\vee	X	X	· 4	$\langle \mathbf{x} $	\vee	X	X	X	7	V	V
Before eating, drinking, smoking, going to the restroom.	\triangle		-		/	\rightarrow			^	\vdash	/	H
WASH COMPLETELY at the end of work day,	V	X	X	X	X	\times	X	\vee	V	\times	\	KI
change into clean clothing.			* `				-)	\rightarrow	4			
WEAR CLEAN WORK CLOTHES DAILY.	, ,		,	. ,	. /	. /		/			,	
EMERGENCY MEDICAL INFORMATION: Name, address,	X	X	X	X	X	X	X	X	X	X	X	K^{T}
phone number of clinic, physician, or hospital emergency room & where information is located.	Ì		,				'`	()			ĺ	
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,	$\overline{}$	V	V	1	\vee	\vee	V	X	¥	\vee	\vee	
first aid, rate, dilution, volume.	\triangle	1		X		\triangle	X	_				N.
	•	i	Y		X	×		Χ				
TRIPLE RINSE THE CANS AT THE TIME OF USE.	<u> </u>		\wedge	<u> </u>	$ \Delta $					X		\blacksquare
DRIFT: Confine the spray to the crop, watch out for	\setminus	V	$\sqrt{}$	\checkmark		\vee	$ \mathbf{x} $	\checkmark	4	V	\checkmark	Ι./I
people, animals, waterways, or any special hazards.		<u> </u>		<u> </u>	/	-	$\stackrel{\wedge}{-}$	\rightarrow		I ?		X
STORAGE of pesticide cans in a locked and posted	\mathbb{N}	\checkmark	X	×	X	\vee	X	$ \cdot $	X	X	\prec	\cup
area or with an authorized person watching the cans.		/\	1				,		<u> </u>	 	<u> </u>	\vdash
PESTICIDE SAFETY INFORMATION SERIES	X	X	X	V		\times	V	4	\checkmark	X	Х	X
	<u> </u>	 ' \			1	/ \	1	\sim	 ^	 		1
EMPLOYEE INITIALS TA	TR	177	TA	Ta	MA	TO	TA	TA	TA	72	TA	TA
EIVII EOTEE IIVITALO TEL	v 21	(2)	2 21	5 71	2	2 2	0 21	62	52	22	P.31	2.3
DATE - MO/DAY/YR 5-31-10	8-21	123	2.31	8-31	K5	8-21	8-31	8-31	83	77	1-71	13
2	2	12	2	12	ス	2	2	2	2	-	2	2
PESTICIDE CATEGORY	\perp	1	2	1	1	1	2	2	2	2	12	L
R		r /	4	PES	TIC	DES	: /	3	•	/	9	
	o F	XX		3	(' /		3 /	J /	೪/	광/	Ğ
EMPLOYEE SIGNATURE	5. A.C.	1	_ /	3/		\mathcal{S}^{I}	M.	₹ / }	# [:	3 /	× /.	E.
EMPLOTEE SIGNATURE	4.0	PO.	50	IH .	\mathcal{J}^{4}	7	<i>[]</i>		} / à	: 1 ~	Z / Z	Ĭ
DATE OF INITIAL TRAINING χ -3\-,20\0\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	100	$\mathcal{J}_{\mathcal{Z}}$:	38		45	$\mathbb{A}^{\mathfrak{D}}$	15	EST OF	14	15		1
	12	Kid	425	A C	16	A3	ĺž	13	Peter I	13	12 x 23 x 23 x 25 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x	
P_{ij}		Χ_	 `	7—	 -	12	-		12	<u>ا ا</u>	1	
$\frac{\text{Training Initial}}{\text{Training Initial}}$	3 H/P	341	BIN	BHI	34	RU	BH	3H1	BHI	BH	131/	
<u> </u>	12	1		- 1		71		~ 1	-1		<u></u>	

NAME NAME OF EMPLOYER ASSIGNED JOB DUTIES: SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc. PROTECTIVE CLOTHING & EQUIPMENT: Coveralis, 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 8-3 PESTICIDE CATEGORY EMPLOYEE SIGNATURE DATE OF INITIAL TRAINING & Training Initial 5/24/95 PESTRAIN.DOC

PESTICIDE SAFETY TRAINING RECORD

LAI IDES

NAME OF EMPLOYER: S. J. COUNTY MOSQU'TO & VECTOR CONTROL I

					THE PERSON NAMED IN COLUMN 2 I		
	Vectolex C Gran	Vectolex WDG	Vectolex	Vectomax	Agnigue.		
SAFETY PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	×	×	×	7	(T) >		
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, googles, boots, respirator, apron, etc.	×	×	×	×	4		
REPORT IMMEDIATELY SYMPTOMS OF POISONING: Pinpoint pupils, nausea, shortness of breath, dizziness, headache, blurred vision							
WASH HANDS AND ARMS WITH SOAP & WATER: Before ealing, drinking, smoking, going to the restroom	×	×	×	×	7		
WASH COMPLETELY at end of work day, change into clean clothing	×	×	×	. ×	<i>/</i>		
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		基 X					
KEAD THE LABEL: Signal word, precautions, first aid, rate, dilution, volume	×	×	×	×	×		
DEET CONTROL THE CANS AT THE TIME OF USE		×					
Drur 1. Cut nille tile spray to the crop, watch out for people, animals, waterways or any special hazards	×	×	×	×	×		
SIORAGE of pesticide cans in a locked and posted area or with an authorized person watching the cans	×	×	×	×	*		
PESTICIDE SAFETY INFORMATION SERIES	X	X	×	X	\ \ \		
EMPLOYEE INITIALS:	HH.	H.	AT	田田	12		
DATE - MO/DAY/YR:	11-11	-1-1	1-1-1	1-1-1	1 4-5		
PESTICIDE CATEGORY:	Ш			H			
EMPLOYEE SIGNATION.							
1							
DATE OF INITIAL TRAINING.							
TRAINING INITIALS:	EL	m L	日	E	H O		

pesttraining,xls

1/10/2011

ADULTICI

フせていい

100

S (applicator, mixer, etc.)

Garlo Ultra

Aquamaster

NG & EQUIPMENT: Coveralls, gloves.

Y SYMPTOMS OF POISONING:

or, apron, etc.

, shortness of breath, dizziness,

RMS WITH SOAP & WATER: Before

at end of work day, change into clean

ig, going to the restroom

S: Pouring, lifting, opening, operating

Vectobac

Vectobac

WDG

Gran

Vectobac 7-1 × 12 AS X × × ليا BVA 2 >< \times **×** × × ũ MOSGUELD & Vector Control Waterich Aquabac × × 山 Aquabac 200 G × × × × × × 回 PESTICIDE SAFET , RAINING RECORD Pellets Altosid WSP imes× للا ---لہ W Altosid Pellets 日 X X LARVICIDES Altosid XR 1-1-X H N ш Ш Brids × \succ > Altosid 30 Day Brids -H \nearrow \nearrow × timesШ Agnique MMFG ر لدا 日 × × Agnique MMF -<u>لــ</u> لــا 7 X × × PROTECTIVE CLOTHING & EQUIPMENT: Coveralis, gloves, MEDICAL INFORMATION: Name, address, phone number of MEDICAL SUPERVISION: Required when working more than DINT Inderson SAFETY PROCEDURES: Pouring, lifting, opening, operaling WASH HANDS AND ARMS WITH SOAP & WATER: Before WASH COMPLETELY at end of work day, change into clean READ THE LABEL: Signal word, precautions, first aid, rate, STORAGE of pesticide cans in a locked and posted area or 30 hrs in 30 days with carbamates, organophosphates with DRIFT: Confine the spray to the crop, watch out for people, REPORT IMMEDIATELY SYMPTOMS OF POISONING: WEAR CLEAN WORK CLOTHES DAILY, EMERGENCY Pinpoint pupils, nausea, shortness of breath, dizziness, clinic, physician, or hospital emergency room & where TRIPLE RINSE: THE CANS AT THE TIME OF USE ASSIGNED JOB DUTIES (applicator, mixer, etc.) eating, drinking, smoking, going to the restroom PESTICIDE SAFETY INFORMATION SERIES with an authorized person watching the cans animais, waterways or any special hazards goggles, boots, respirator, apron, etc. "DANGER OR WARNING" on label EMPECKEE SIGNATURE: NAME OF EMPLOYER: PESTICIDE CATEGORY: headache, blurred vision EMPLOYEE INITIALS: information is located DATE - MO/DAY/YR: SU DATE OF INITIAL dilution, volume equipment, etc. NAME cfothing

X

DN: Name, address, phone number of

oital emergency room & where

CLOTHES DAILY, EMERGENCY

ON: Required when working more than

arbamates, organophosphates with

IG" on label

inal word, precautions, first aid, rate,

×

×

×

pesttraining.xls

シュー

11-12

NING

Ë

一一つ

H

V-V

IFORMATION SERIES on watching the cans

cans in a locked and posted area or

ay to the crop, watch out for people,

iny special hazards

ANS AT THE TIME OF USE

11]

m

TRAINING INITIALS:

Itherbpg2.xls

TRAINING INITIALS:

日田

Ш

1-1-H PESTICIDE SAFETY AINING RECORD ADULTICIDES/HERBICIDES/SURFACTANTS

NAME OF EMPLOYER: 8 NAME

ASSIGNED JOB DUTIES (applicator, mixer, etc.)									
	Evergreen 60-6	Pyrenone 25-5	Pyrenone Crop Sp	Pyrocide	Pyronyl	Pyronyt	Suspend		
SAFETY PROCEDURES: Pouring, lifting, opening, operating equipment, etc.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\frac{1}{2}	Y >	de dous	97 <u>6</u> >))		
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	\ \ \	1	4	< ×	< >	< '×	>		
REPORT IMMEDIATELY SYMPTOMS OF POISONING: Pinpoint pupils, nausea, shortness of breath, dizziness, headache, blurred vision						-	4		
WASH HANDS AND ARMS WITH SOAP & WATER: Before eating, drinking, smoking, going to the restroom	×	×	\ \ \	×	*	>	>		
WASH COMPLETELY at end of work day, change into clean clothing	×	7	· >	. ><	\ \ \	\ \ \	/>		
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	\prec	×	>	×	\ \	×	×		
DRIFT: Confine the sneav to the small and out out out out out out out out out out	X	×		×	×	< ×	\ \ \		
animals, waterways or any special hazards STORAGE of control of the control of th	×	ン	7	×	\prec	\times	×		
with an authorized person watching the cans PESTICIDE SAFETY INFORMATION SEDIES 4 (()	*	1	メ	\prec	\prec	×	×		
FWDI OVER INTERIOR OF THE STATE	X	× 1	×	X	×\\	>	X		
DATE - MO/DAY/YR;	T T I'I	2,2	100	100,	٠,	+	以		
PESTICIDE CATEGORY:	, C.	, rd	i ti	300	Z CC	786	7,7,7		
EMPLOYEE SIGNATURE:									
	がなった。	古	II.	[J.]	TE	틷	A		
	3.24-11	11/2/2	3.24·11	3.2411	3-24VI	11476	3-2411		
TRAINING INITIALS:	<u>∤</u> ⊔	M C	ガ	TI)	딥	FL	EL		

pesttrainingaduitherbpg1.xls

214517044