Pesticide Training **Employee Handler Safety Training Record** Pursuant to 3 CCR section 6724

Training is in accordance with Employer's Written Handler Training Program							
Print EMPLOYER's name:				Initial/Annual Training Date:			
Print EMPLOYEE's name:				Print TRAINER's name:			
EMPLOYEE's signature:				Trainer Qualification*:			
ASSIGNED JOB DUTIES Mixer/Loader Service/Repair Applicator Flagger				Trainer Lic/Cert #*:			
Title(s) and source(s) of the training materials used:							
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* Required when employees handle either 1) restricted materials or 2) pesticides used to produce agricultural commodities.							
	READ THE LABEL: Signal word, precautionary	SAFETY REQUIRE- MENTS and	HAZARDS OF THE PESTICIDE	SIGNS AND SYMPTOMS of overexposure	als	itials	
Pesticide (Attach additional pages if necessary)	statements, PPE, first aid, environmental hazards, rate, dilution volume, etc.	procedures, including engineering controls (such as closed mixing systems and enclosed cabs)	including acute, chronic, and delayed effects, and sensitization effects from labeling, SDS, or other sources		Trainer Initials	Employee Initials	Date Employee Trained on Pesticide

Attach additional sheets if necessary.

The employer must keep this record for two years at a central location at the workplace accessible to employees.