

Pesticide Training
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 <input type="checkbox"/> Mixer/Loader <input type="checkbox"/> Service/Repair <input type="checkbox"/> Applicator <input type="checkbox"/> Flagger <input type="checkbox"/> Other: _____	Trainer Lic/Cert #*: _____
Title(s) and source(s) of the training materials used*: _____ _____	

* Required for employee pesticide training for the production of agricultural commodities or handling CA restricted materials.

Pesticide (Attach additional pages if necessary)	READ THE LABEL: Signal word, precautionary statements, PPE, first aid, rate, dilution volume	SAFETY REQUIRE- MENTS and procedures, including engineering controls (such as closed mixing systems and enclosed cabs)	HAZARDS OF THE PESTICIDE including acute, chronic, and delayed effects, and sensitization effects from labeling, SDS, or other sources	SIGNS AND SYMPTOMS of overexposure	Trainer Initials	Employee Initials	Date Employee Trained on Pesticide

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