



**Pesticide Handler Training Program**  
**DATOS DE ENTRENAMIENTO DE SEGURIDAD PARA EL USO DE PESTICIDAS**

Nombre de EMPLEADO: \_\_\_\_\_

Firma de EMPLEADO: \_\_\_\_\_

Nombre de MAYORDOMO: \_\_\_\_\_

Nombre de ENTRENADOR: \_\_\_\_\_

Títulos de ENTRENADOR: \_\_\_\_\_

**TRABAJO ASIGNADO**

- Mezclador/Cargador
- Aplicador/rociador
- Mantenimiento/Reparación
- Banderero
- Otro \_\_\_\_\_

Pesticidas Especificas						
Entrenamiento Anual						
Iniciales del Entrenador						
Iniciales del Empleado						

Subjects as Specified in Section 6724 (b) of the California Code of Regulations						
Uso Seguro de Pesticidas	Lea la etiqueta: Palabras señales, declaraciones de precauciones, primeros auxilios, dosis, dilución, volumen. Leyes y reglamentos aplicables, MSDS, y hojas de PSIS.					
	Ropa y equipo protector (sobreropa, guantes, gafas, botas de hule, respirador, delantal) Limpieza y mantenimiento de equipo.					
	Uso de controles de ingeniería como sistemas cerrados o cabinas cerradas.					
	Procedimientos de seguro que debe usar cuando mezclando, cargando, o aplicando pesticidas. Situaciones de emergencia.					
	Deriva: Limite el rocío a la cosecha. Tenga cuidado con la gente, animales, vías de aguas, o cualquier peligro especial.					
	Enjuague los envases tres veces en tiempo de uso. Nunca se lleve envases de pesticidas usadas en su trabajo para su casa.					
	Use ropa de trabajo limpia diariamente. Darse cuenta de residuos de pesticidas en su ropa.					
	Los envases de pesticidas deben estar en un almacenaje con candado y rótulos o con una persona autorizada cuidando los.					
	Lave las manos y brazos con agua y jabón: Antes de comer, beber, fumar e ir al baño. Técnicas de emergencia para enjuagarse los ojos.					
	Lavarse completamente al fin del día de trabajo: Cambiarse a ropa limpia.					
Información de Salud	Donde buscar atención medica en emergencia: Nombre, domicilio, numero de teléfono de la clínica, doctor, o cuarto de emergencia del hospital.					
	Prevención, reconocimiento, primeros auxilios y tratamiento de enfermedad relacionada al calor.					
	Localización de la Serie de Información de Seguridad con Pesticidas (PSIS) o hojas de seguridad de producto (MSDS), archivos de aplicaciones de pesticidas, letreros de seguridad, y intervalos restringidos de reingreso (REI).					
	Derechos del empleado: contra descarga, discriminación y derechos de recibir información.					
	La necesidad para decontaminación inmediatamente de la piel y los ojos cuando sucede exposición.					
	Síntomas de envenenamiento: Pupilas muy pequeñas, nauseas, respiración breve, vértigo, dolor de cabeza, visión borrosa. Modo como envenenamiento o lesión puede ocurrir.					
	Rutas a través como pesticidas pueden entrar al cuerpo: boca, piel, ojos, inhalación.					
	Entendimiento de los peligros del uso de pesticidas inmediatos y de largo plazo; los efectos sospechosos o conocidos agudos o crónicos.					
Supervisión medica: Requerido si trabaja mas de 6 días en 30 días con carbamatos, organofosfatos con las palabras "PELIGRO" o "AVISO" en la etiqueta.						
Fecha De Entrenamiento						



# FIELDWORKER SAFETY TRAINING RECORD

NAME OF EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF TRAINER: \_\_\_\_\_

Trainer's qualification: \_\_\_\_\_

Symptoms of poisoning: Pinpoint pupils, nausea shortness of breath, dizziness, blurred vision. Ways poisoning or injury can occur.		Location of pesticide safety information series (PSIS) Material safety data sheets (MSDS), pesticide use reports, safety posters, and restricted entry intervals.	
Wash hands and arms with soap and water: Before eating drinking, smoking, or going to the bathroom. Emergency Eye flushing techniques.		The need for immediate decontamination of skin and eyes when exposure occurs.	
Wash completely at the end of the workday and change into clean clothing.		Employee's rights: against discharge, discrimination, rights to receive information.	
Wear clean work clothing daily. Be aware of pesticides residues on clothing.		Routes through which pesticides enter the body.	
Understanding the immediate and long-term hazards involved in handling pesticides. Known or suspected chronic and acute effects.		Prevention, recognition, and first aid treatment of heat related illness.	
Emergency medical information: Name, address, phone number of clinic, physician, or hospital emergency room and where information is located.		Restricted entry intervals and posting. Do not enter treated areas.	
Never take home pesticide containers used at work.			

**Print Your Name**

**Sign Your Name**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
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Medical Supervision Program  
MEDICAL SUPERVISION WRITTEN AGREEMENT

I, \_\_\_\_\_(Physician name), agree to provide medical supervision for  
the employees of \_\_\_\_\_.  
(Grower or Company)

I possess a copy of, and am aware of the contents of, the following documents:  
**Medical Supervision of Pesticide Workers - Guidelines for Physicians.**

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Grower Name/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signed)

# WRITTEN TRAINING PROGRAM

Employer Name: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Trainer's Qualification: \_\_\_\_\_ PA: \_\_\_\_\_ QAL/QAC: \_\_\_\_\_ PCA: \_\_\_\_\_

## **Training Materials:**

Name of videos, pamphlets, or other training materials, and a brief description:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## **Pesticide labeling from the following products:**

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## **Pesticide Safety Information Series (PSIS) leaflets used:**

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## **Materials Safety Data Sheets (MSDS) for the following products:**

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# LETTER OF AUTHORIZATION

To: \_\_\_\_\_, County Agricultural Commissioner

From: \_\_\_\_\_  
OPERATOR OF THE PROPERTY (PRINT NAME)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP, PHONE

The authorized representative named below may represent me in obtaining a restricted material permit or operator identification number for use in \_\_\_\_\_ County. I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property. This authorization shall remain in effect until I revoke it in writing to the Agricultural Commissioner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(OPERATOR OF THE PROPERTY)

Title: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_  
(PRINT NAME)

I am the property operator's:  employee;  relative;  employee PCA;  
 other, SPECIFY \_\_\_\_\_

I hereby certify that the information above is correct to the best of my knowledge. I also understand that, in the event of violation of pesticide laws or regulations, I could be held liable either separately or together with the property operator.

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

## AUTHORIZED REPRESENTATIVE

3CCR 6420(a): "Permits for agricultural use of a restricted material shall be issued in the name of the operator of the property to be treated. The permittee **or, when allowed by the commissioner**, the permittee's authorized representative or licensed pest control adviser shall sign the permit. The authorized representative or licensed pest control adviser shall provide the commissioner with written documentation from the permittee to act on his/her behalf."

3CCR 6000: "Operator of the property" means a person who owns the property and/or is legally entitled to possess or use the property through terms of a lease, rental contract, trust, or other management arrangement.





