SHASTA COUNTY DEPARTMENT OF AGRICULTURE

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*: _____

Trainer Lic/Cert #*: _____

ASSIGNED JOB DUTIES

☐ Mixer/Loader ☐ Service/Repair

☐ Applicator ☐ Flagger ☐ Other: _____

Title(s) and source(s) of the training materials used*:

_____

_____

_____

* Required for employee pesticide training for the production of agricultural commodities.

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.

SHASTA COUNTY DEPARTMENT OF AGRICULTURE
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