

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  
 Mixer/Loader     Service/Repair  
 Applicator     Flagger     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.

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.