

PESTICIDE HANDLER WORKER PROTECTION STANDARD TRAINING FORM

Pesticide Handler's Name (PRINT) _____

Signature _____ Date _____

THIS FORM IS TO BE USED ONLY BY CERTIFIED COMMERCIAL AND PRIVATE PESTICIDE APPLICATORS TO VERIFY WPS TRAINING OF PESTICIDE HANDLERS.

This pesticide handler has received training in the "Worker Protection Standard" as required by the United States Environmental Protection Agency (US EPA), for a **Pesticide Handler**. The training was conducted using US EPA approved training material to convey the Worker Protection Standard requirements found in the US EPA "How to Comply" manual.

The following topics were covered within this training as a **Pesticide Handler**:

- Format and meaning of information on pesticide labels and in labeling, including safety information such as precautionary statements about human health hazards.
- Hazards of pesticides resulting from toxicity and exposure, including acute effects, chronic effects, delayed effects, and sensitization.
- Routes through which pesticides can enter the body.
- Signs and symptoms of common types of pesticide poisoning.
- Emergency first aid for pesticide injuries and poisoning.
- How to obtain emergency medical care.
- Routine and emergency decontamination procedures, including emergency eye flushing techniques.
- Need for and appropriate use of personal protective equipment.
- Prevention, recognition and first aid treatment of heat related illness.
- Safety requirements for handling, transporting, storing and disposing of pesticides, including precautions for spill clean-up.
- Environmental concerns such as drift, runoff, and wildlife hazards.
- Warnings about taking pesticides or pesticide containers home.
- The prohibition against applying pesticide in a manner that will cause contact with workers or other persons.
- Protection against retaliatory acts.
- Pesticide handler could understand the training material and terms used and the instructor asked questions to ensure the material was understood.

Training materials used: video (s) handler manual flip chart other _____

Date of training material(s) (year): _____

Certified Pesticide Applicator's Name (Print) _____		
Certified Pesticide Applicator's Signature _____		
Address _____	City _____	Zip _____
Certified Pesticide License Number _____ - _____ or _____ - _____		
(Commercial/Governmental)		(Private Applicator)

For Office Use Only: Card # H _____

WHEN COMPLETED RETURN A COPY TO:
MONTANA DEPARTMENT OF AGRICULTURE, P.O. BOX 200201, HELENA, MT 59620-0201