



# Arizona Department of Agriculture Environmental Services Division

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## Worker Protection Standard Complete Pesticide Safety Training Acknowledgement (Handler)

I, \_\_\_\_\_ have received training in general and pesticide handling safety. The training I received covered all of the following topics:

- Hazards of pesticides resulting from toxicity and exposure, including acute effects, chronic effects, delayed effects and increased sensitivity.
- Routes by which pesticides enter the body.
- Signs and symptoms of common types of pesticide poisoning.
- Emergency first aid for pesticide injuries or poisonings.
- How to obtain emergency medical care.
- Routine and emergency body decontamination procedures, including emergency eye flushing techniques.
- Warnings about taking pesticides or pesticide containers home.
- The format and meaning of information contained on pesticide labels and in labeling, including safety information such as precautionary statements about human health hazards.
- Need for and appropriate use of personal protective equipment.
- Prevention, recognition, and first aid treatment of heat-related illness.
- Safety requirements of handling, transporting, storing and disposing of pesticides, including general procedures for spill cleanup.
- Environmental concerns such as drift, runoff and potential impact on wildlife.
- Pesticide Handler Training requirements of the Worker Protection Standard, which are applicable to handler employers for the protection of handlers and others, including the prohibition against applying pesticides in a manner that will cause contact with workers or others individuals, the requirement to use personal protective equipment, the provisions for training and decontamination, and protection against retaliatory acts.
- How to report violations to the Arizona Department of Agriculture, including providing the Department's toll-free pesticide hotline telephone number. The Arizona Department of Agriculture Pesticide Hotline number is **800-423-8876**.

Name of Trainee's Employer or Company \_\_\_\_\_

Handler Card Number Issued \_\_\_\_\_ Date of Training \_\_\_\_\_ Handler Card Expiration Date \_\_\_\_\_

Trainee's Signature \_\_\_\_\_ Trainee's Unique Number \_\_\_\_\_

Trainer's Printed Name \_\_\_\_\_ Trainer's Certificate # \_\_\_\_\_

Trainer's Signature \_\_\_\_\_