

Acknowledgement of Pesticide Safety Training

Employee's Last Name _____ First Name _____ Middle Initial _____

It is the responsibility of the employee to make sure he/she understands the items discussed herein regarding pesticide safety. Your signature indicates that you have read, understand, and agree to it. Applicators will be held personally responsible for violations of pesticide labeling. If there is something you do not understand, ask your trainer.

List the training methods and materials used to train employees in the safe handling of pesticides. One copy must be kept in the employer's files (study guides, slides, videotapes, etc.).

The Pesticide Safety Series is always available to employees and is posted at:

(List specific location(s) - to be filled out by employer)

Product Label	Date	Employee Signature

Trainer's Signature _____ Employer's Signature _____

This form is only a sample and should be modified to meet the needs of your particular operation.