

## WORKERS/ HANDLERS WPS TRAINING SUGGESTED ATTENDANCE SHEET

Name of Agricultural Facility:	Training date:	
Address:		
<b>Trainer's Information</b> Please provide the following:	<b>WPS Training Resource</b> Check mark (✓) all that apply:	
Trainer's Name:	<input type="checkbox"/> Audiovisual EPA Approved training Material (VHS, DVD or CD-ROM format) <input type="checkbox"/> EPA flip chart materials <input type="checkbox"/> Extension Service training session <input type="checkbox"/> Trainer session <input type="checkbox"/> Other _____	
TTT Certification date and/or Certified Applicator License No:		
Trainer's Signature:		
<b>Trained Workers/ Handlers Information</b> (Información sobre el Obrero/Manejador Entrenado)		
Print Full Name (Nombre completo)	Specify the classification: (Especifique su clasificación) <b>W= Worker (Trabajador)</b> & <b>H= Handler (Manejador)</b>	Signature (Firma)
1.		
2.		
3.		
4.		
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9.		
10.		

**WPS PESTICIDE SAFETY TRAINING**

- **Agricultural workers** must be trained before the 6<sup>th</sup> work day of entry into a treated area on the Agricultural Establishment; where and in what form pesticides may be encountered during work activities. (40CFR section 170.130).
- **Agricultural handlers** must be trained **before** any handling activity is performed. (40CFR section 170.230).
- Workers and handlers must each be trained at least once every **5** years. You may keep this record as training evidence.

*To order copies of this suggested form please e-mail: [wps@freshfromflorida.com](mailto:wps@freshfromflorida.com) or contact (386) 418-5523*