**Worker Protection Standard Training Record for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Employer/Business Name

The undersigned trainer hereby affirms that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned employees have

 Date

completed the Pesticide WORKER/HANDLER **(circle one)** training as required by the Federal Worker Protection Standard, 40 CFR Part 170. The educational materials used for this training have EPA Approval Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Trainer Qualification(s):** □ State Designated Trainer □ Trained Trainer for Workers

□ Trained Trainer for Handlers □ Certified Private or Commercial Applicator:

 License #: Issuing State: Expiration Date:

|  |  |
| --- | --- |
| **Employee Name** | **Employee Signature** |
| 1. |  |
| 2. |  |
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| 4. |  |
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| 15. |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Trainer Name Trainer Signature