

Verification of Pesticide Safety Training for WPS

Establishment Name: _____

Address: _____

Employer Name: _____

Date of the training: _____ **Type of Training:** Worker Handler

Trainer name: _____

Signature of Trainer: _____

Trainer Qualifications:

Pesticide Applicator Certification #:

OR

Completed an EPA-approved WPS Train the Trainer (TtT) program:

TtT Program Approval #:

Trainer:

EPA-Approved Training Material Used: (ex: EPA W/H PST 00022)

(Document number or Approval Number)

Language: English Spanish Other _____

| Trainee's Printed Name | Trainee's Signature |
|---------------------------|------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Page ____ of ____

Trainer's Initials _____

