Practical Pesticide Safety Training Document

This document verifies the completion of the practical pesticide safety training component as a requirement to become a Technician. In addition, this document may be used to record specific training of a Technician as required by Section 48(1) of Regulation 63/09 under the *Pesticides* Act. (Note: Parts IA, II and IV of this form can also be used as a record of training for a Trainee as required under Section 48(1) of Regulation 63/09)

PART I: The person named in **PART IA** below has, in the opinion of the licensed exterminator named in **PART IB**, successfully demonstrated the following MANDATORY basic practical pesticide safety training tasks.

MANDATORY Basic Practical Pestic a Licenced Exterminator	ide Safety Training Tasks Dem	anaturated by the Candidate in the myseenes of
		onstrated by the Candidate in the presence of
proper handling, and mixing pesticide product label. The c	of a pesticide concentrate by re candidate must demonstrate th	date must demonstrate the procedures for eading and interpreting the information on a nat he or she can properly put on the a rate of application provided on the label.
		trate the application of a pesticide in order to precautions according to label directions.
		must demonstrate the procedure for properly ressure on equipment in the event of a hose
when a pesticide has been sp	-	didatemustdemonstrate the steps involved and body. Water can be used in this simulated edical assistance.
decontamination and disposa	l procedure of a minor pesticide	date must demonstrate containment, clean-up. spill and the procedure for contacting the . Water can be used in this simulated
Please print		
A: Name:	Technician Card No.:	
Address:	City:	Postal Code:
Birth Date: Telep	hone:	Signature:
B: Licensed Exterminator Verifying Bas	ic Practical Safety Training	
Name:	Licen	ce No.:
Signature:		Date:
Address:	City:	Postal Code:
C: Employer Name:	Licenc	ce No. (if applicable):

Postal Code: _____ Tel #:_____ Email #:____

Regulation 63/09 under the *Pesticides Act*, in the following (*select all that apply*): PESTICIDES LISTED AS AUTHORIZED TO BE USED: (trade name & P.C.P. #) ☐ Insecticides: ______ ☐ Other: **EQUIPMENT LISTED AS AUTHORIZED TO BE USED:** ☐ Hand Operated Spraying And Dusting Equipment ☐ Spray Truck ☐ ULV Fogger ☐ Power Duster ☐ Other: PESTS OR PROCEDURES LISTED AS AUTHORIZED TO CONTROL: LAND: Weeds Soil Sterilization (Schedule 3,4 and 6 products only) Tree/Shrub Spraying ☐ Turf Insects (check all that apply): ☐ Grubs ☐ Lawn Moths ☐ Chinch Bugs ☐ Mosquito Control □ Other: **STRUCTURAL:** □ Insects (specify) □ Ants □ Earwigs □ Fleas □ Flies □ Roaches □ Silverfish □ Stored Product Pests □ Wasps/Bees □ Other: □ Rodents □ Spiders □ Other: _____ WATER: Weeds Insects Other: _____ ☐ See attached for more information If a Technician PART III: The undersigned attest that the requirements of Section 48(1) of Regulation 63/09 under the Pesticides Act are hereby recorded and deemed to be met. Signature of Technician Date Signature of Supervising Licensed Exterminator Licence Number If a Trainee PART IV: The undersigned attest that the trainee training requirements of Section 48(1) of Regulation 63/09 under the Pesticides Act are hereby recorded and deemed to be met. Date Signature of Trainee Signature of Supervising Licensed Exterminator Licence Number

PART II: The person names in PART 1A has received specific training, to meet the requirements of Section 48(1) of