

## PRE-EXAMINATION TRAINING FORM

**Company Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Classroom Training (10 hours required)

Date:	Hours:	Description:	Trainer:	Cert #:
_____	_____	State and Federal laws and regulations.	_____	_____
_____	_____	How to read and interpret a pesticide label.	_____	_____
_____	_____	Handling of emergencies and spills, understanding common types of pesticide poisoning.	_____	_____
_____	_____	Emergency practical treatment, how to obtain medical care for pesticide exposure.	_____	_____
_____	_____	Proper methods of storing, mixing, loading and transporting pesticides.	_____	_____
_____	_____	Proper methods of handling, applying and disposing of pesticides.	_____	_____
_____	_____	Safety and health issues including proper use of personal protective equipment.	_____	_____
_____	_____	Hazards posed by toxicity, exposure and routes of entry when handling pesticides.	_____	_____
_____	_____	Acute and chronic reactions to pesticides.	_____	_____
_____	_____	Adverse effects to the environment from drift, run off, and groundwater contamination.	_____	_____

**Total**

### On the Job Experience Record (70 hours required)

Date:	Hours:	Trainer:	Cert/Reg #:	Category:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total**

Is this training to retest for renewal? Yes No If yes, registration number: \_\_\_\_\_

Is this training to retest after failing the 3rd examination? Yes No

## PRE-EXAMINATION TRAINING FORM DEFINITIONS

The PRE-EXAMINATION TRAINING FORM is the record to verify that the training requirements of Rule 620-3-.02(1)(e) are met for new employees and employees that are required to retest. The records must be maintained by the pest control company for a period of two years.

**Date of Hire** – date employee began employment at company to begin training for employee registration.

**Date of Training** – actual date training was provided including classroom and on the job experience.

**Category** – the operational category of the subject matter taught (FUM: Fumigation; HPC: Household Pest Control; WDO: Wood-Destroying Organisms).

**Classroom Training and Hours** – employee must complete a total of 10 hours of training in the listed areas. This training must be provided by a certified operator or an approved instructor. Actual hours of the classroom training provided.

**On the Job Experience Hours** – actual hours of on the job training received by the employee. Must be a total of 70 hours in the category(ies) in which registration is sought. This training must be provided by a certified operator or registered employee.

**Trainer & Cert/Reg#** - The name of the responsible certified operator, registered employee and/or approved instructor that provided the training and the certification or registration number of the trainer.

### **Is the training to retest?**

If employee fails the employee registration examination 3 times, the classroom training is required to be repeated before retaking the examination.

If employee registration is not renewed before October 1<sup>st</sup> of each odd numbered year, training requirements are required to be repeated before re-examination.