

Pesticide Application Written Instructions

Farm: Farmer Assistant: Certified Farmers: Contact Number: Alternate Contact Number:	In Case of an Emergency: Call Certified Farmer at: _____ In Case of a Leak or Spill: Protect yourself first Shut off all equipment Tell Certified Farmer and GET HELP Stop the spill from spreading In Case of a Poisoning: Call for help right away - call the Certified Farmer Keep victim comfortable until help arrives Restricted Entry Interval: _____ Pre-Harvest Interval: _____
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Product:	PCPA #:	Class:	Amount:	Sprayer:
1				Tractor:
2				Gear:
3				Speed:
4				Pressure:
Water to Add to Tank	--	--		RPM:

Number of Tanks:	When you mix, you must wear: (√)	When you apply, you must wear: (√)
Spray Area:	<input type="checkbox"/> Coveralls <input type="checkbox"/> Long pants and shirt with long sleeves <input type="checkbox"/> Gloves, chemical-resistant <input type="checkbox"/> Boots, waterproof <input type="checkbox"/> Waterproof hat <input type="checkbox"/> Apron, chemical-resistant <input type="checkbox"/> Respirator <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Waterproof rain suit with hood	<input type="checkbox"/> Coveralls <input type="checkbox"/> Long pants and shirt with long sleeves <input type="checkbox"/> Gloves, chemical-resistant <input type="checkbox"/> Boots, waterproof <input type="checkbox"/> Waterproof hat <input type="checkbox"/> Apron, chemical-resistant <input type="checkbox"/> Respirator <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Waterproof rain suit with hood
Crop:		
Start Time:		
Finish Time:		
Date:		

Farmer Assistant Signature	Supervising Certified Farmers Signature, Certificate #
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