



the **Madera County Department of Agriculture**
answer
2011 book



Madera County Department of Agriculture

The laws regarding pesticide use and employee safety are complex. The goal of this manual is to approach the subject using common sense. This manual covers, in plain English, the basic regulatory requirements.

In many instances, compliance with regulation is easier than it first appears. Growers have, over the years, discovered ways to simplify compliance, and we include many of their ideas. We begin with a page of definitions that are often misunderstood; cover requirements for growers, including employer responsibilities; and end with the most commonly requested references and forms.

While this manual should simplify compliance, it will not have the answer to every question. Please do not hesitate to call our office with questions on your specific operation.

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Information for All Growers

CRITICAL AREAS:

This list encompasses the areas most frequently found to be out of compliance when inspections are performed in Madera County, followed by where you can find compliance information.

1. Pesticide Use Reports (Page 9)
2. Labeling Violations (Page 7)
3. Label required at Use Site (Page 6)
4. Pesticide storage requirements (Page 8)
5. Notice of Intent (Page 5)

APPLICATION GUIDELINES

The following information applies to all applications, whether by growers or employees. The information begins with permits and applicator certification, covers information needed to plan and carry out an application, and ends with required paperwork.

Non-Restricted vs. Restricted Material Use

NON-RESTRICTED MATERIALS

Non-restricted materials are those that are less toxic and are generally safer to use; and so have fewer requirements.

An **Operator Identification Number**, issued by the Ag Commissioner's Office, allows the application of non-restricted materials to the fields listed on the permit.

Growers do not need to be certified applicators to apply non-restricted materials; but they do need to be certified in order to train any employees to handle non-restricted materials. A Private Applicator license will qualify a grower to train his/her employees.

CALIFORNIA RESTRICTED MATERIALS

Some materials are more hazardous than others, even when used according to the label. California restricts the use of these materials. A list of California-restricted materials is included at the back of this manual under REFERENCES.

A **Restricted Materials Permit**, issued by the Ag Commissioner's Office, allows the application of California-restricted materials to the fields listed on the permit. The permit lists each California restricted material the grower intends to use.

Prior to use of California-restricted materials, growers must **submit a Notice of Intent (NOI)**. Inspectors verify that the application rate and method are appropriate for the crop, and evaluate the site. This review is intended to provide an additional margin of safety for workers, the public, and the environment.

Growers must be certified applicators to apply restricted materials; **Private Applicator cards** are issued by the Ag Commissioner's Office (see requirements on page 5).

FEDERAL RESTRICTED MATERIALS

Federally-restricted materials do not require a Restricted Materials Permit or a Notice of Intent; however they may only be applied by a **certified applicator** such as a private applicator. An **Operator Identification Number**, issued by the Ag Commissioner's Office, allows the application of federally-restricted materials to the fields listed on the permit, as long as the application is supervised by a certified applicator.

Private Applicator Certification

Growers must have, at a minimum, a Private Applicator (PA) card to **use both California and Federally Restricted Materials**, or to **train their employees** in the safe use of pesticides. Growers with a QAC or QAL issued by DPR may also use Restricted Materials and are qualified to train their employees.

The PA card qualifies the grower to use Restricted Materials on **property owned, leased, or rented** by the grower. The grower is also qualified to train and supervise employees in the use of pesticides. Neither the QAC nor the PA card may ever be used to perform work for hire, or to perform work on managed properties.

An employee holding a PA or QAC card is qualified to use Restricted Materials on property controlled by the employer. He may also train and supervise other employees. An employee holding a PA or a QAC card is exempt from pesticide training requirements.

Growers may obtain a PA card by passing a multiple-choice test given at the Ag Commissioner's Office. There is no charge to take the PA card exam. The PA card is renewed every three years, as follows:

- Last name beginning **A – H**: renewal in December 2012
- Last name beginning **I – Q**: renewal in December 2013
- Last name beginning **R – Z**: renewal in December 2011

A total of six Continuing Education (CE) hours over three years are required to renew a PA card. Two, of the six CE hours must be in Laws and Regulations. Cardholders may choose to take a recertification exam rather than attend CE meetings.

Notice of Intent

Each person applying California-restricted materials must submit a Notice of Intent (NOI) to the Ag Commissioner's Office **24 hours prior** to the application. The NOI must be filed by the grower, his authorized representative, or the Pest Control Business performing the work. The NOI may be submitted by phone, fax, or in person.

An inspector will review the rate and method of the application, and evaluate the site. **Do not begin the application** of a California-restricted material before you receive approval from the Ag Commissioner's Office.

Once approved, the Notice of Intent is valid for the proposed day, and the four days following. If the application is not started within this time period, the NOI must be extended or cancelled.

Age Limitations

No person under the age of 18 shall mix or load pesticides where the label or regulation requires any of the following:

- Closed systems
- Full-body, chemical-resistant protective clothing
- Air-supplied respiratory protection

Bee Checks

The Ag Commissioner's Office maintains a registry of beekeepers requesting notification of nearby applications. Each person applying bee toxic materials must contact our office to check for beehives near the application site. Applicators must then contact each beekeeper, giving them **48 hours** notice of the proposed application. If the beekeeper chooses not to move hives adjacent to the application site, and you have concerns about potential damage to the bees, please call our office for assistance.

Notice Prior to Applications

The grower must notify all persons **likely to enter** a treated area during an application or before the end of the Restricted Entry Interval. This includes employees, labor contractors, tenants, or other persons who will be working or walking within 1/4 mile of a treated site, as well as other persons who the grower has prior knowledge are likely to enter the treated field. Posting constitutes notice unless the label specifically calls for oral notification to be given. All notice of applications must be made in a language that the person receiving the notice can understand.

Field Posting

Fields are posted to prevent the exposure of unprotected persons. Posting is needed when required by the label or when the Restricted Entry Interval is longer than 7 days.

Signs must be posted **before the application begins**, but not more than 24 hours in advance. Workers may only enter a posted field if they are following precautions listed under Early Entry Requirements on the product label. Signs must be taken down within 3 days after the end of the Restricted Entry Interval, and before unprotected workers are allowed to enter.

The grower is responsible for the proper posting of fields. Posting must be readable from a distance of 25 feet, and must remain clearly legible throughout the application and the Restricted Entry Interval.

Signs must be **visible at all points of entry** to the treated area. If access to the field is not restricted to points of entry, signs must be posted at each corner and no more than 600 feet apart.

There are 4 different signs, depending on the application:

- General use
- Restricted Entry Interval of more than 7 days
- Fumigations
- Chemigations

A flowchart, indicating when to post and which sign to use, is found under REFERENCES.

Availability of Product Labeling

A copy of the registered product label must be **at the use site**. The label must allow use of the material on the crop being treated. If a Section 18 or Special Local Need (SLN) label is being used, then a copy of that label must also be at the use site.

Compliance with Product Labeling

All applicators are required to comply with the product labeling that is delivered with the pesticide. This includes Personal Protective Equipment (PPE), engineering controls, rate, commodity, pre-harvest intervals, environmental hazards, and any other use requirements listed on the label.

Owner/operators as well as employees must wear all personal protective equipment specified on the pesticide label. Read the label carefully before purchasing a pesticide to determine if the required personal protective equipment required is available. Some pesticide labels require the owner/operator to use a closed mixing system or respiratory protection equipment.

Control of Containers

Pesticide containers **must be attended, when not locked** in a storage enclosure.

If pesticide is transferred to a service container during use, this secondary container must be marked with the pesticide name, signal word, and name and address of the responsible party.

To prevent accidental poisonings, NEVER put pesticides in any container that has held food or drink, or other household products. Children are especially vulnerable to poisonings when familiar bottles or jars contain pesticides.

Never transport pesticides in the cab of a truck, or in a vehicle trunk containing food or animal feed.

Backflow Prevention

To avoid contamination of water supplies while filling application equipment from an outside source, use one of the following:

- Air-gap separation
- Double check valve assembly
- Reduced pressure principle backflow protection device

Standards of Care

Every applicator is responsible for keeping the pesticides applied on the target site. Application during windy conditions, or an inversion, may expose people or damage surrounding crops. Unsuitable equipment or methods may also cause harm.

Conditions change during applications. Applicators must continuously evaluate the safety of the application. If the wind comes up, or equipment begins to leak, stop the application. If fieldworkers show up nearby, stop the application. Often, applicators recognized a potential problem, but wanted to finish the last few rows.

Container Rinsing and Disposal

Pesticide containers must be rinsed at the time of use, so that the rinse solution can be applied to the field being treated.

Clean and dry containers may be taken to the Madera Disposal landfill (21739 Road 19), with an Empty Pesticide Container Permit. These “dump certs” are issued by the Ag Commissioner’s Office; call to arrange an inspection of your containers.

Properly emptied pesticide bags may be disposed of in two ways:

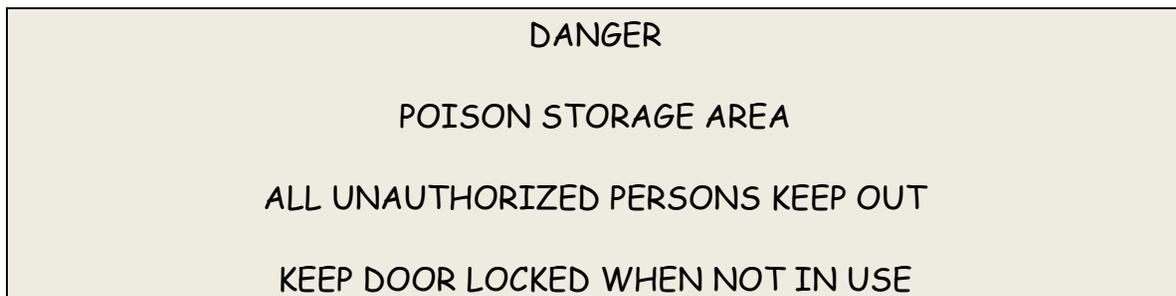
Burning - Pesticide bags may be burned at the use site, with a burn permit issued by the Valley Air District (phone: 559-230-6000 or 800-665-2876). For more information, visit their website at <http://www.valleyair.org>. The permit allows growers to burn bags accumulated during one day of use; such burning is exempt from burn day restrictions. **Plastic containers of any type and cardboard boxes shall not be burned.**

Landfill disposal - Larger accumulations of bags must be taken to the Madera Disposal Landfill.

Pesticide Storage

Pesticides should be stored in the original container. The registered label must remain on the container, even when empty. Pesticide containers, whether full or empty, must be stored in a locked enclosure.

Enclosures holding containers with the signal words DANGER or WARNING must be **posted as pesticide storage areas**. The signs must state:



The signs must be readable from a distance of 25 feet, and must be visible from any likely direction of approach.

Equipment Cleaning

Application equipment must be thoroughly cleaned; this prevents unhealthy exposure, as well as damage to crops from residues in the equipment.

Application Completion Notice

Pest control businesses must notify the grower **within 24 hours of completion** of the application. Growers are required to maintain a record of each notice received. This record may be a written log prepared by the grower, or copies of work orders, recommendations, or use reports. Notice must include:

- Date and time the application was completed
- Site identification number and location
- Treated acres
- Pesticides applied
- Restricted Entry and Pre-harvest Intervals

The grower must retain the Completion Notice record for **two years**.

Pesticide Use Reports

California requires 100% use reporting—all materials applied for agricultural production must be reported, with the exception of fertilizers and soil amendments. This includes all pesticides (including sulfur), rodenticides, herbicides, defoliant, growth regulators, and adjuvants. If a material has an **EPA Registration Number** on the label, a report is required.

Use report forms can be confusing. Please contact our office with any questions, or if you would like some assistance in filling out the forms.

Grower-applied materials must be reported to the Ag Commissioner's Office **by the 10th day of the following month** (June applications must be reported by July 10). Use reports may be submitted by mail, online, or in person; they may not be submitted by fax.

The **grower is responsible** for the submission of Use Reports; while pesticide dealers or advisers often submit reports as a courtesy, the grower remains ultimately responsible for the timeliness and accuracy of the report.

Pest control businesses must report commercial applications to the Ag Commissioner's Office within 7 days of completion. The pest control business must also send a copy of the use report to the grower.

The grower must retain Use Reports for all application made to their properties, both private and commercial, for **two years**.

Application Checklist

The framework of regulations guiding pesticide use is complex, but the goal is straightforward: avoid accidental exposure.

1) Read the label for each material

- ✓ **Signal word**, indicating the level of immediate toxicity to humans
 - DANGER > WARNING > CAUTION, in decreasing order of toxicity
- ✓ **Hazards to humans**, including symptoms of exposure
- ✓ **Personal Protective Equipment (PPE)** to be worn
- ✓ **Hazards to Environment**, including bee toxicity, drift concerns, and groundwater protection
- ✓ **Crop, rate, and dilution** allowed by label
- ✓ **Field Posting** requirements
- ✓ Length of **Restricted Entry Interval (REI)**, and Pre-Harvest Interval

2) Plan the application

- ✓ **Train the applicators** for this application
 - If material is a carbamate or organophosphate, document employee use.
 - Is medical supervision, including blood testing, necessary?
- ✓ Obtain necessary **Personal Protective Equipment**, eyewash, and **decontamination** supplies.
 - Ensure decontamination supplies are available at the mix/load site **and** within ¼ mile of the application site.
- ✓ If using a **California-restricted material**:
 - Is it listed on your current Restricted Material Permit for Madera County?
 - Did you **file a Notice of Intent** 24 hours prior to the proposed application?
 - Did an inspector approve the Notice of Intent?
- ✓ If using a material **toxic to bees**:
 - Did you call our office to check for beekeepers with hives near your site?
 - Did you contact each of the beekeepers?
- ✓ Evaluate nearby **sensitive sites** (schools, residential areas, waterways).
 - Assign your **more experienced applicators** to fields near sensitive sites.
 - Time your applications to avoid problems.
- ✓ **Notify** all people likely to be within 1/4 mile of the application site.
 - Contact farm labors contractors each morning before work.
 - Tell workers, and post the information in a central location.

- ✓ **Post field** as required (see Posting Flowchart, under REFERENCES).
- ✓ Calibrate application equipment, and check for leaky nozzles. Check closed system, if required.

3) Mix and load

- ✓ Use Personal Protective Equipment and closed systems as required. **Working with concentrated pesticide can be dangerous.**
- ✓ Ensure that a **decontamination facility** with soap, water, single use towels and extra coveralls is available at the mix/load site.
- ✓ Use an accurate measuring device. Too high a rate may result in illegal residues, and too low a rate can be ineffective.
- ✓ **Rinse containers as they are emptied**, pour rinse solution into spray tank and apply to target site.

4) Make the application

- ✓ **Double check the area** for work crews and bee hives.
- ✓ Ensure that pesticide handlers are wearing **Personal Protective Equipment**.
- ✓ Ensure that a **decontamination facility** with soap, water, single use towels and extra coveralls is available within ¼ mile of all handlers.
- ✓ Watch the weather; **do not make applications in windy conditions. Adjust or stop the application as needed.**
- ✓ **Monitor your surroundings continuously.** Cars and people have a way of unexpectedly appearing.

5) After the application

- ✓ Clean the application equipment.
- ✓ Return cleaned containers to pesticide storage area.
- ✓ Display **Application-Specific Information** immediately, for employees who will be working within 1/4 mile of the treated field.
- ✓ **Remove field posting** within 3 days after expiration of Restricted Entry Interval (REI).
- ✓ **Submit Use Report** to the Ag Commissioner's Office before the 10th day of the following month.

SULFUR APPLICATION TECHNIQUES

While sulfur is a natural element used safely for thousands of years to control insects and diseases, exposure to sulfur can cause irritation of the skin and eyes, and breathing difficulty. Sulfur, like poison oak, is a sensitizer; and may after multiple exposures cause an allergic reaction in some people.

Application Conditions

Do not apply sulfur during **windy conditions**, or during an **inversion**. Often associated with "dead calm" conditions, inversions occur when a warm air layer forms a cap above the cooler air below. The cap blocks vertical air movement from the treated site, trapping and concentrating spray droplets and dust. Rather than dispersing, the pesticide often moves as a concentrated cloud away from the treated site. Application conditions are best with air movement of about **2 miles per hour**, allowing normal dispersion.

Leave an **adequate buffer zone** to protect sensitive areas. An adequate buffer zone allows enough distance for dust or spray to settle within the boundaries of the treated site.

Slow engine RPM at row ends, and **shut down when making turns**.

If near urban areas or roadways, **apply sulfur during times of minimum activity**. Check for bus stops where children may be present. Consider using a spotter when applying near roadways. The spotter can watch for drift and notify the applicator when traffic is approaching or other conditions exist where the application needs to be suspended.

Consider applying **wettable sulfur** in fields near sensitive areas.

Look Beyond the Application

Be aware of the concerns of neighbors. Often, people want only to know what materials are being applied. Others may request notification. If you have concerns about your situation, please call our office for assistance.

Consider using your **more experienced applicators** near sensitive areas such as schools, bus stops, busy roadways, and residential areas. Ultimately, the equipment operator is the person who shapes public opinion and legislative direction.

GROUNDWATER AND SURFACE WATER PROTECTION TECHNIQUES

Ground Water Protection Areas

Products containing the following active ingredients are considered groundwater protection materials:

Atrazine

Simazine: Princep, Sim-Trol

Prometon: Pramitol

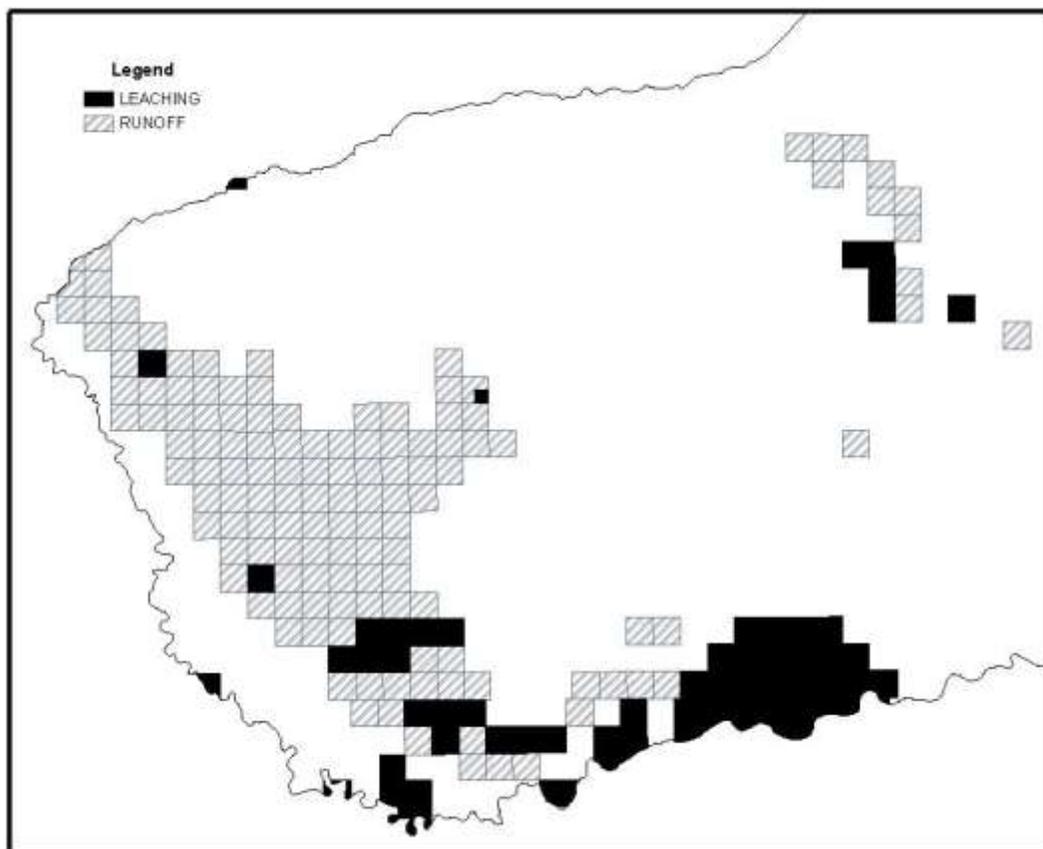
Bentazon: Basagran

Bromacil: Bromax, Hyvar, Krovar

Diuron (with some exceptions): Direx, Karmex, Krovar

Norflurazon: Solicam, Redict, Zorial

A Restricted Materials permit will be required for the possession or use of a pesticide containing any of the above materials if they are used in a leaching or runoff ground water protection area. Madera County has 211 square mile sections of either leaching or runoff soils. The map below shows the location of these GWPA's and they are denoted on your pesticide permit as well. **To use one of these materials in a GWPA, you must select a Ground Water Management Practice; which will become a condition on your permit.**



Regulations pertaining to Ground Water Protection pesticides also restrict their use in the following situations: **artificial recharge basins, inside canals and ditch banks and engineered rights-of-ways.** If you plan to use Groundwater Protection pesticides in these situations, please contact our office.

Wellhead Protection

Wellhead protection regulations cover the use of all pesticides, statewide (both inside and outside of Ground Water Protection Areas).

1. The following activities are prohibited within 100 feet of a well:
 - a. Mixing, loading, and storage of pesticides
 - b. Rinsing of spray equipment or pesticide containers
 - c. Maintenance or spray equipment
 - d. Application of pre-emergent herbicides
2. Exemptions from the 100-foot requirement:
 - a. The wellhead is sited such that runoff from irrigation or rainfall does not move from the perimeter of the wellhead toward the wellhead and contact or collect around any part of the wellhead including the concrete pad or foundations **or**,
 - b. The wellhead is protected by a berm constructed of any material sufficient to prevent movement of surface water from the perimeter of the wellhead to the wellhead.
3. Applications of pre-emergent herbicides shall be prohibited between the berm and the wellhead.

Dormant Spray Requirements

During winter when tree and vine crops are dormant, pesticide applications are made to kill overwintering pests and diseases. Many pesticides used as dormant sprays cause problems when drift occurs, or when rain washes residues into rivers and streams. In an effort to mitigate this surface water runoff and contamination, dormant spray regulations were formed. If you want to use a dormant insecticide you must:

1. Get a written recommendation from a licensed PCA,
2. Provide a 100-foot buffer zone from any sensitive aquatic site, **and**
3. Apply when the wind speed is between 3 and 10 miles an hour.

In addition to the requirements above, aerial application of dormant insecticides are only allowed if soil conditions do not allow field entry or approaching bloom conditions necessitate aerial application.

Exceptions:

1. Apply only dormant oil, or a biocontrol agent such as spinosad or *Basillus* sp.
2. Dormant insecticides are only applied to a hydrologically isolated site, **OR**
3. Any runoff is diverted by an on-farm recirculation system and contained for at least 72 hours after the application.

Do not apply if the forecast calls for rainfall that could result in runoff within the next 48 hours.

“Hydrologically isolated site” means any treated area that does not produce runoff capable of entering any irrigation or drainage ditch, canal, or other body of water.

“Sensitive aquatic site” means any irrigation or drainage ditch, canal, or other body of water in which dormant insecticides could adversely impact beneficial uses or wildlife.

Employer Responsibilities

CRITICAL AREAS:

This list encompasses the areas most frequently found to be out of compliance when inspections are performed in Madera County, followed by where you can find compliance information.

1. Handler Training Issues (Pages 4, 5, 16, 17)
2. Labeling Violations (Pages 7, 18)
3. PPE required by regulation (Pages 18, 19)
4. Emergency Medical Care Posting (Pages 21, 26, 39)
5. Decontamination Facility (Pages 21, 26)
6. Application Specific Information (Pages 17, 26)
7. Hazard Communication (Pages 17, 25)
8. Fieldworker Training (Page 25)
9. Label required at Use Site (Page 6)
10. Coveralls (Page 19)

PESTICIDE HANDLER TRAINING PROGRAM

The goals of worker safety regulations are threefold: to educate workers about the pesticides used by your operation, to instill safe work habits, and to establish effective accident response.

Employees must receive training in the safe use of pesticides (Pesticide Handler Training Program), and must have access to information on the hazards of working with pesticides (Hazard Communication), and applications that have been made within $\frac{1}{4}$ mile of their worksite (Application-Specific Information).

Pesticide Handler Training

Employees must be trained in safe handling procedures prior to work with any pesticide.

A qualified trainer must conduct the training. Qualified trainers include:

- Private Applicator (PA) cardholders
- Commercial Applicators (QAL, QAC)
- Pest Control Advisors (PCA)
- Persons who have completed the EPA “train the trainer” program

The training must cover **required topics**. The topics are listed on the Pesticide Safety Training Record form, included at the back of this manual under FORMS. Employees must receive training in the topics at least **annually**.

In addition, employers must review each **pesticide label** with employees, **prior to use**. Emphasize the potential health hazards of the material, and the Personal Protective Equipment to be worn.

Training sessions must be **documented**; there are places on the Pesticide Safety Training Record form to record both annual and pesticide-specific training. Complete a form for each employee trained, and have them sign where indicated.

Inform employees that they must be able to demonstrate their understanding of the training, during pesticide use inspections. Inspectors are required to question pesticide handlers on the training topics.

Written Training Program

Employers must document the videos, pamphlets, pesticide labels, and other materials used to train employees. Completion of the Written Training Program form, included under FORMS, fulfills this requirement.

Required Records

Most growers organize their **Pesticide Handler Training Program** in a binder, including the following:

- a completed Written Training Program form
- the training materials used
- a completed Pesticide Safety Training form for each trained employee

The binder is a more useful reference when sectioned by year, making it easy to determine when employees received annual training, and which specific pesticides have been covered. Employers must retain the documented Pesticide Handler Training Program for **two years**, in a location accessible to employees.

Hazard Communication

Before employees handle pesticides, the grower must provide information about the hazards involved, and how to safely use these materials. This information, described in **Pesticide Safety Information Series (PSIS) A-8**, includes the following:

1. **PSIS A-8 leaflet: Hazard Communication Information**
 - a. Fill out the sections on emergency medical care, pesticide use, and records.
2. **Other PSIS leaflets** applicable to your operation
 - a. Each of the PSIS leaflets, in English, Spanish or Punjabi is available and may be accessed online at <http://www.cdpr.ca.gov>.
3. **Pesticide Use Records** for pesticides employees have handled.
 - a. These must be maintained for two years.
4. **Material Safety Data Sheets (MSDS)** for pesticides employees have handled

Required Records

Most growers maintain Hazard Communication information in a binder or file cabinet. Keep the information in the shop or break room—somewhere employees can access the information without having to ask. The employer must maintain this information during the time that employees handle pesticides.

Application-Specific Information

Employers must notify all employees who **work within 1/4 mile** of fields that have been treated with pesticides, including the following:

- ✓ Identification of the treated area
- ✓ Product name, active ingredient, and EPA Registration Number
- ✓ Time and date of application
- ✓ Restricted Entry Interval

Some growers have posted a bulletin board with a map of their fields, and note the application information on the appropriate field. Others maintain this information in a binder, using Use Reports or work orders. Either method is fine, as long as all the required information is available and employees know where the information is kept, and can access it without having to ask.

This information must be accessible to the employee **upon completion of the application and before employees are allowed to enter treated fields**, and must remain available until 30 days after the expiration of the Restricted Entry Interval.

PESTICIDE HANDLER SAFETY

The goal, when supervising pesticide use, is to instill safe work practices in your employees. Emphasize safety until it becomes habit.

Supervision of Pesticide Use

Employers must supervise employees to:

- Provide guidance as employees begin the application
- Ensure all label and regulatory required PPE is provided and worn
- See that employees follow the directions on product labeling
- Intervene if employees fail to follow safe handling procedures
- Respond if unexpected circumstances arise

Applications of Restricted Materials must be supervised by an individual holding either a PA card, or a QAC or QAL card. The supervisor must be aware of the conditions at the site, and be able to direct that the application be changed, or stopped, if necessary.

Employees handling DANGER pesticides may not work alone, unless they are in contact with another adult (phone, radio, or in person) every two hours. At night, they must be in contact every hour.

Personal Protective Equipment (PPE)

Probably the most important—and most challenging—task, for an employer, is to ensure that employees use Personal Protective Equipment. Generally, the growers who have the least problem have the following policy: Use it, or find work elsewhere. They simply don't want the liability. Employees holding a valid PA card share both the responsibility and the liability, should they fail to wear PPE.

All PPE required for employee activities must be provided by the employer. When not in use, PPE must be cleaned and stored apart from pesticides. Employees must never take contaminated PPE home.

Eye Protection

Employees must wear eye protection when:

- **Required by label**
- **Mixing and loading** pesticides
- **Cleaning, adjusting or repairing** equipment
- Using **hand-held** equipment
- Using **towed or vehicle-mounted** equipment

Exemptions:

- Vehicle with enclosed cab, or
- Spray nozzles located below driver, and pointing downward, or
- Applications involving injection or incorporation into soil

Protective eyewear includes: **goggles, safety glasses, a face shield, or full-face mask.** Sunglasses and eyeglasses do not provide adequate protection.

Please note: If the label requires protective eyewear, the handler must also carry one pint of water, for emergency eye washing. The eyewash may be carried on a belt or shoulder strap, or mounted on the vehicle, but it must be within reach. The water must be clean, and of a temperature that will not damage the eyes.

Gloves

Employees must wear chemical-resistant gloves when:

- **Required by label**
- **Mixing and loading** pesticides
- Using **hand-held** equipment
- **Cleaning, adjusting or repairing** equipment

Chemical-resistant materials include rubber or neoprene. Labels sometimes specify other glove types; solid fumigants generally require cotton gloves.

Leather gloves may be worn over chemical-resistant linings, although care must be taken not to touch unprotected body parts with the contaminated over-glove.

Gloves must NEVER have an absorbent lining.

Coveralls

Coveralls are defined as: one or two-piece garment of closely woven fabric that covers the entire body, except the head, hands, and feet, and must be provided by the employer. They must be clean and in good repair each day.

Employees must wear coveralls when:

- **Required by label**
- Handling **DANGER** or **WARNING** pesticides

Other PPE

Other PPE must be worn if required by the label

- **Headgear:** hood, or hat with wide brim
- **Chemical resistant footwear** (does not include leather work boots)
- **Respiratory protection**
- **Apron:** covering from mid-chest to knees
- **Chemical resistant suit (rain suit):** covering head and body
 - Rain suits are not to be worn when daytime temperatures exceed 80°F, or nighttime temperatures exceed 85°F.

Minimal Exposure Pesticides

The following materials have been designated as minimal exposure pesticides:

1. Bromoxynil (Buctril, Bronate)
2. Folpet
3. Oxydemeton-methyl (Metasystox-R)
4. Propargite (Omite, Omite CR, Comite)

When employees are handling pesticides containing any of the above materials, the employer must provide work clothing and a change area to employees.

A closed system must be used to mix and load any minimal exposure pesticide regardless of the toxicity of the material. Sealed water soluble packets are considered closed mixing systems. In addition to the PPE required by the label, mixer/loaders using a closed system or water soluble packets must also wear chemical resistant gloves, chemical resistant boots and a chemical resistant apron that covers from the mid chest to the knees.

Applicators must wear a full body chemical resistant suit (rain suit) when applying minimal exposure pesticides unless they are inside an enclosed cab. If in an enclosed cab all PPE must be available inside the cab in a sealed container.

- Rain suits are not to be worn when daytime temperatures exceed 80°F, or nighttime temperatures exceed 85°F.

Applicators must also wear a respirator when making applications of minimal exposure pesticides regardless of whether they are within an enclosed cab or not. If the product label does not specify a specific type of respirator, contact our office for assistance in selecting a respirator type.

End-of-day Cleanup

Employers must provide a change area where employees can change out of work clothing, and thoroughly wash themselves. The employer must provide soap, water, and clean towels, as well as a clean area for employees to store personal clothing.

Closed Systems

Closed systems remove pesticide from the original container, rinse the container, and transfer the pesticide to the mix tank, through sealed hoses that do not allow exposure to the concentrated pesticides. When used correctly, closed systems provide important protection to handlers; please call our office with any questions or concerns you may have.

Employers must provide closed systems for employees who mix or load pesticides with the signal word DANGER. No employee is to mix or load DANGER pesticides except through a closed system. This requirement does not apply to employees who handle a total of one gallon or less per day, from original containers of one gallon or less.

ACCIDENT RESPONSE

The most serious health effects occur with lengthy exposure to concentrated pesticides. Thus, in an emergency, the goal is to quickly dilute the contaminating material. In many situations, having a gallon of water to immediately flush exposed skin is more helpful than a state-of-the-art washing facility that is ten minutes away.

Decontamination Facility

Employers must provide decontamination facilities that include:

- ✓ Clean water
- ✓ Soap
- ✓ Single Use Towels (i.e. paper towels)
- ✓ Extra pair of coveralls

All mix/load sites must have a decontamination facility. In addition, decontamination facilities must be located **within 1/4 mile of applicators**. If the field is large, facilities may be located at the nearest point of vehicular access.

Some growers put several gallon jugs of water in a plastic box; together with the soap, towels and coveralls; and carry the box on the tractor or in the truck bed. Others, with more employees, mount a small water tank on a trailer, add the other supplies, and tow the trailer from site to site. Make sure these “portable decontamination kits” are sealable to prevent pesticide exposure and excess dirt which would render them useless.

Emergency Medical Care

Employers must specify a facility that will provide emergency care to employees who handle pesticides. The grower must **post**, at each **work site**, the following:

- Name of the medical facility
- Location of the facility
- Telephone number of the facility

The posting may be in the window of a vehicle, or on application equipment, or on decontamination facilities, if they are at the work site. The posting should be **prominent** enough that a passerby could phone for help, if necessary.

Employee Transport

Whenever there is reason to suspect that an employee has an adverse health effect due to an exposure to pesticides, the **employer must provide transportation** for that employee to a medical facility; the employee may not drive himself.

Respiratory Protection Program

Employers must assure that employees use respirators as required by the label, permit condition, or regulation. If you are unsure which type of respirator is appropriate for your situation, please contact our office for assistance.

Steps for developing a respiratory protection program:

1. Review all pesticide labels for respiratory requirements. Determine if any pesticides in use require respiratory protection. Plan ahead; don't wait until the day you need to make the application!
2. Assign a Respiratory Program Administrator
3. Develop a Written Program
4. Get any employee who will be required to use a respirator medically evaluated
5. Fit test employee for each type of respirator to be used
6. Update program as needed. Meet with employees at least annually to review effectiveness of program.

Written Program

If employees handle materials requiring respirators the grower must have a **Written Respiratory Protection Program**. The written program must cover the selection of respirators, medical evaluation and fit testing of employees, proper use of the respirator (including routine and emergency use), training, program evaluation, maintenance, cleaning and care of the respirator will need to be kept on file. Completion of the template form included in the FORMS section fulfills this requirement.

Respiratory Protection Administrator

Regulations require an employer to assign oversight of the program to a **Respiratory Program Administrator (RPA)**. He or she should be knowledgeable about respirator use and limitations. A good resource for information about respirators and their use is "Respiratory Protection in the Workplace, A Practical Guide for Small-Business Employers" and can be found at the following link: http://www.cdpr.ca.gov/docs/whs/pdf/secg_resp_prot_cal.pdf.

The administrator is responsible for ensuring the following:

- Maintain a written program
- Ensure employees are medically evaluated and fit tested prior to the use of a respirator
- Provide employee training
- Document inspections of all respiratory equipment to ensure equipment is properly maintained, cleaned and stored
- Ensure that respirators are not used beyond their service life
- Provide employee consultations
- Evaluate the program annually

Medical Evaluation

A medical evaluation must be conducted to determine the employee's ability to wear a respirator. The medical evaluation must be performed using the medical questionnaire in the FORMS section, or by direct medical examination. The medical questionnaire and examinations shall be administered confidentially. Once evaluated, the physician or LHCP will provide a recommendation regarding the employee's ability to use a respirator. Though only required to have the employee evaluated once, the employer shall provide additional evaluations if there is a change in the employee's health that may affect the use of a respirator. A copy of the recommendation must be on file for the duration of the individual's employment.

Medical evaluations may be done on line, by mail, or in person with a Physician or other Licensed Health Care Professional.

Fit Testing

Individuals can only be fit tested after they receive a recommendation from a physician or LHCP. Employees using respirators must be fit tested prior to initial use of a respirator, and at least annually thereafter. See the FORMS section for a sample record.

Training

Employees must be trained prior to use, and then annually. Maintain a list of employees trained, including the dates of the training. Employees must be able to demonstrate knowledge concerning why the respirator is necessary; what the limitations and capabilities of the respirator are; how to inspect and maintain the respirator; and how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators. Be aware an inspector may ask an employee to perform a "field fit test". Your employees should know how to perform both a positive and negative pressure fit test.

Voluntary Use

Employees who voluntarily use "dust-mist" NIOSH respirators are exempt from the requirements of medical evaluation and fit testing. The employer will have to post the "Voluntary Use" poster at a central location in the workplace. A copy of this poster can be found in the REFERNCES section.

Required Records

Most growers organize their Respiratory Protection Program in a binder, including the following:

- A completed Written Program
- Documentation of employee training
- Medical Evaluations, recommendations
- Fit Test Records
- Respirator inspections
- Yearly program evaluations

Employers must retain all records while employees handle materials requiring respiratory protection and for three years after.

Medical Supervision Program

Organophosphates and carbamates are cholinesterase inhibitors. Exposure to pesticides containing organophosphates or carbamates can **affect nerve function**. Some common pesticides containing cholinesterase inhibitors include, but are not limited to:

Carzol®, Def®, diazinon, dimethoate, Dursban®, Folex®, Furadan®, Guthion®, Imidan®, Lannate®, Lorsban®, malathion, Monitor®, Namacur®, Sevin®, Supracide®, Temik®, Thimet®, Vydate®

Employee Use Records

Whenever an employee handles a pesticide containing cholinesterase inhibitors, with the signal word DANGER or WARNING, the employer must maintain employee use records. The use records must include the **employee's name, pesticide used, and date of use**. Some growers use a calendar to record this information.

Physician's Agreement

When employees regularly handle an organophosphate or carbamate pesticide, with the signal word DANGER or WARNING, the employer must have a **written agreement signed by a physician**, stating that the physician has agreed to provide medical supervision for the employees.

Medical supervision includes an initial blood test to determine the employee's usual or "**baseline**" level of **cholinesterase**, and then periodic blood tests to determine if the level of cholinesterase has dropped, as the result of an exposure. The initial blood test must occur prior to use of organophosphate or carbamate pesticides. The employee is then tested at the end of each of the first three **30-day periods of regular handling**. Further testing occurs at a frequency recommended by the physician, with test intervals not to exceed two years.

Required Records

Most growers organize their **Medical Supervision Program** in a binder, including the following:

- Employee use records
- The Physician's Agreement
- Cholinesterase test results and physician recommendations

Employers must retain these materials for **three years**; they must be accessible for review.

Medical Supervision Posting

Medical supervision information must be posted at the workplace, or in each work vehicle. The posting must be **prominent**, and include: the **name, address, and telephone number** of the physician providing medical supervision.

FIELDWORKER SAFETY

Treated Field: A field is considered treated for 30 days following a pesticide application. If the pesticide has a Restricted Entry Interval, the field is considered treated for 30 days following the expiration of the Restricted Entry Interval. Fieldworkers must be trained before entering a Treated Field.

Fieldworker Training

Agricultural fieldworkers, including nursery workers, must receive training before beginning work in a **treated field**. The training must include the **required topics**, listed on the Fieldworker Safety Training Record form (at the back of this manual under FORMS), and it must have occurred **within the last 5 years**. A **qualified trainer** (see page 16) must conduct the training.

Fieldworkers possessing a valid “verification of training” **blue card**, issued under the authority of the EPA, are considered to be trained.

RECOMMENDATION: Before beginning an application next to a site with field workers, always speak to the crew leader to let him/her know of your intended application, so that their field workers can be informed. This is especially important if the adjacent field is not one of your own.

IMPORTANT: If a grower (or his employee) provides immediate supervision to field workers, the grower is considered the employer and is responsible for training and safety requirements. Only if the Farm Labor Contractor (or his employee) is immediately supervising the crew is the grower relieved of worker safety responsibilities.

Hazard Communication

Before employees work in treated fields, the employer must provide information about pesticides applied to these fields. This information, described in **Pesticide Safety Information Series (PSIS) A-9**, includes the following:

- ✓ **PSIS A-9 leaflet: Hazard Communication for Fieldworkers**

Complete the sections on emergency medical care, pesticide use, and records. This information may be kept in a binder at the worksite, or posted at the shop, but employees must be able to access it without having to ask.

- ✓ **Pesticide Use Records and Material Safety Data Sheets (MSDS)**

This information is the same as that required under Hazard Communication for employees that handle pesticides; one set of records will fulfill the requirements for both handlers and fieldworkers. During training, let fieldworkers know where the information is kept.

Application-Specific Information

Growers must notify all fieldworkers who work within 1/4 mile of fields that have been treated with pesticides. This information is the same as that required under Application- Specific Information for employees that handle pesticides; one set of records will fulfill the requirements for both handlers and fieldworkers. During training, let fieldworkers know where the information is kept.

Restricted Entry Intervals

To prevent unhealthy exposure, entry into fields is restricted for a length of time following pesticide applications. Restricted Entry Intervals may be hours or days long, depending upon the pesticide label.

Where problems have repeatedly been associated with specific pesticides, the Restricted Entry Interval has been extended by regulation. A chart of pesticides having Extended Restricted Entry Intervals is included under REFERENCES, at the back of this manual.

Accident Response

Decontamination Facility

Employers must provide decontamination facilities for workers in treated fields, who are engaged in activities involving contact with treated surfaces. Handwashing facilities provided in conjunction with toilet facilities will meet this requirement. Decontamination facilities must be located **within 1/4 mile of fieldworkers**. If the field is large, facilities may be located at the nearest point of vehicular access.

Emergency Medical Care

Employers must locate a facility that will provide emergency care to employees who work in treated fields. The fieldworkers, or their field supervisor, must know the name and location of the facility.

Employee Transport

Whenever there is reason to suspect that a fieldworker has an adverse health effect due to an exposure to pesticides, the employer **must provide transportation** for that employee to a medical facility; the employee may not drive himself.

Early Entry into a Treated Field

NEVER allow workers into a site that is being treated with a pesticide or into any area where they may be exposed to pesticide from a nearby application

Employees may enter a treated field during a Restricted Entry Interval, under certain conditions:

- **to conduct pesticide handling activities**, such as soil incorporation, provided employees wear PPE listed on the label for pesticide handlers
- **to conduct “no contact” activities** (activities which do not allow contact with treated plants, soil, water, or equipment), including operation of equipment from an enclosed cab
- **to conduct “limited contact” activities** (activities which allow minimal contact, and only to hands and forearms, feet and legs below the knees) that are necessary and unforeseen, including irrigation, provided:
 - Fieldworkers wear PPE listed on the label for Early Entry
 - Entry occurs at least 4 hours after completion of the application, and the employee does not remain in the field more than 8 hours, in 24 hours
 - the label does not require both oral and posted notification
- **To conduct “activities not involving hand labor,”** provided:
 - fieldworkers wear PPE listed on the label for Early Entry
 - entry occurs at least 4 hours after completion of the application, and the employee does not remain in the field more than 1 hour, in 24 hours

See the chart in the REFERENCES section for more details on early entry.

Fieldworkers must receive training on the pesticide label, including use of required PPE, prior to field entry.

Emergency Eyewash

All fieldworkers engaged in Early Entry activities, in a treated field for which the **label requires protective eyewear**, must carry **one pint of water** for emergency eye washing. The eyewash may be carried on a belt or shoulder strap, or mounted on the vehicle the worker is using, but it must be **within reach**. The water must be clean, and of a temperature that will not damage the eyes.

End-of-day Cleanup

Employers must provide a **change area** for fieldworkers engaged in Early Entry activities, where employees can change out of work clothing, and thoroughly wash themselves. This facility is the same as that required for employees that handle pesticides; one facility will fulfill the requirements for both handlers and fieldworkers.

A WORD ABOUT INSPECTIONS

"Courtesy" inspections are available to assist the grower; no inspection form is filled out. Together, the grower and the inspector evaluate the farming operation, and review the requirements specific to that operation. The inspector can often offer suggestions which will simplify compliance.

Courtesy inspections must be pre-arranged; give us a call before problems arise!

Application and Mix/Load Inspections

At an application inspection, one of the first things the inspector will ask for is a copy of the product label. The label must be at the site in case of an accident, and is used by the inspector to determine the requirements of the application.

Often, the inspected party will be an employee. If you are interested in being present for the inspection, have the employee **carry your phone number**, and we will give you a call from the field.

Some growers have put together **decontamination kits** for employees to carry on application equipment, or have at the site. A plastic tote box containing soap, paper towels, and a clean pair of coveralls can address many of the common non-compliances found during inspections. If water is not available at the site, include 2 – 3 gallons of water. Attach an Emergency Medical Care form (found at the back of this manual, under FORMS) to the tote, in clear view. It's a good idea to include extra gloves, eye protection and eyewash. Although extras are not required, the failure to wear eye protection and gloves is a common noncompliance found during inspections. Also, applicators often fail to have eyewash immediately available (within reach). Inspectors are obligated to stop an application until the applicator is wearing all required personal protective equipment.

Inform employees that they must be able to demonstrate their understanding of the training, during inspections. Inspectors are required to question pesticide handlers and fieldworkers on the training topics.

Laws and regulations governing pesticide applications are based on the actions of the "worker at the end of the hose." Carelessness at the ends of rows, or during border sprays, can have far-reaching implications. Every application is a public demonstration of pesticide handling in California; and the public will be reassured, or concerned, based on the applicators that they observe.

Headquarters Inspections

Headquarters inspections are conducted to verify that records are complete, worker safety requirements are being met, and pesticides are being stored in a safe manner. Inspectors must conduct headquarters inspections in association with drift or illness investigations, or pesticide use inspections involving noncompliances.

REQUIRED RECORDS

All Growers

- ✓ **Restricted Materials Permit/Operator Identification Number** – retain 2 years
- ✓ **Pesticide Use Reports** – retain 2 years
- ✓ **Application Completion Notices** – retain 2 years

All Growers with Employees

- ✓ **Emergency Medical Care** information must be posted at a central work location any time employees are handling pesticides or entering treated fields.
- ✓ **Pesticide Handler Training Program**, includes Written Training Program, Pesticide Safety Training Records – retain 2 years
- ✓ Completed copy of **Pesticide Safety Information Series A-8** must be accessible to employees that handle pesticides, without having to ask. This must remain accessible while employees handle pesticides.
- ✓ Completed copy of **Pesticide Safety Information Series A-9** must be accessible to fieldworkers, without having to ask. This must remain accessible while workers are employed to perform fieldwork such as pruning, harvesting, irrigating or any other activities where workers enter treated fields.
- ✓ **Hazard Communication Information** and **Application-Specific Information** must be accessible as well. These must remain accessible while employees handle pesticides or work in treated fields.
- ✓ **Respiratory Protection Program**, includes Written Program, Documentation of Employee Training, Medical Evaluation and Fit Test Records, Voluntary Use Posting, Respirator Inspection, Maintenance and Storage - These must be available while employees handle materials requiring respirators.

All Growers with Employees that Regularly Handle Organophosphates or Carbamates

- ✓ **Medical Supervision** information must be posted at the workplace any time employees are regularly handling organophosphates or carbamates.
- ✓ **Medical Supervision Program**, includes employee use records, Physician's Agreement, test results and recommendations – retain 3 years

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CALIFORNIA RESTRICTED MATERIALS LIST

Pesticides with the active ingredients listed below are restricted in California. Check active ingredients on pesticide labeling, to see if additional California restrictions apply.

Acrolein, when labeled as an aquatic herbicide

Aldicarb (Temik)

All dusts, excepting sulfur, lime, and certain copper compounds

All Section 18 materials (Emergency Exemption)

Aluminum Phosphide (Phostoxin)

4-Amino Pyridine (Avitrol)

Azinphos-Methyl (Guthion)

Calcium Cyanide

Carbaryl (Sevin)

Carbofuran (Furadan)

Chloropicrin

Dazomet

Dicamba (Banvel)

Disulfoton (Di-Syston)

Endosulfan (Thiodan)

Ethoprop (Mocap), when labeled for turf use

Fenamiphos (Nemacur)

Lindane

2-Methyl-4- Chlorophenoxyacetic Acid (MCPA)

Metam Potassium

Metam Sodium

Methamidophos (Monitor)

Magnesium Phosphide

Methidathion (Supracide)

Methomyl (Lannate)

Methyl Bromide

Methyl Isothiocyanate (MITC)

Mevinphos (Phosdrin)

Molinate (Ordram)

Oxydemeton-Methyl (Metasystox-R)

Paraquat (Gramoxone)

Parathion-Methyl

Phorate (Thimet)

Phosphine Gas

Propanil

Sodium Cyanide

Sodium Fluoroacetate (compound 1080)

Sodium Tetrathiocarbonate (Enzone)

3-Chloro-P-Toluidine Hydrochloride (Starlicide)

Strychnine

Sulfotepp

Sulfuryl Fluoride (Vikane, Zythor, Masterfume)

1,3-Dichloropropene (Telone II)

Thiobencarb (Bolero)

Tribufos (Def, Folex)

Tributyltin, when labeled for fouling organisms in an aquatic environment

2,4-Dichlorophenoxyacetic acid (2,4-D)

2,4-Dichlorophenoxybutyric acid (2,4-DB)

2,4-Dichlorophenoxypropionic acid (2,4-DP)

Zinc Phosphide

EXTENDED RESTRICTED ENTRY INTERVALS

Where problems have been associated with specific pesticides, the Restricted Entry Interval has been extended by regulation:

Pesticide	Apples	Citrus	Corn	Grapes	Peaches Nectarines	Other Crops
Azinphos-methyl (Guthion)	14 (B)	30	21	14 (B)	14 (A)(B)	
Chlorpyrifos		2				
Diazinon		5		5	5	
Endosulfan	2	2	2	2	2	2
Malathion		1		1	1	
Methidathion		30				
Methomyl (Lannate)			7(c)			
Parathion-methyl (non-encapsulated)	14	14(D)	14(D)	14	21	14(D)
Phorate(Thimet)			7			
Phosmet(Imidan)				5	5	
Propargite(Omite/Comite)	21	42	7	30	21	21(E)(F)
Sulfur				3(G)		

Footnotes:

(A) This restricted entry interval for other crops applies to stone fruit, such as apricots, cherries, plums, and prunes, and pome fruit, such as pears, only. Stone fruit does not include almonds and other nut crops.

(B) If the total Azinphos-methyl applied in the current calendar year is 1.0 pounds per acre or less, thinning may be done after seven days.

(C) Applications of methomyl made after August 15, have a 21-day restricted entry interval.

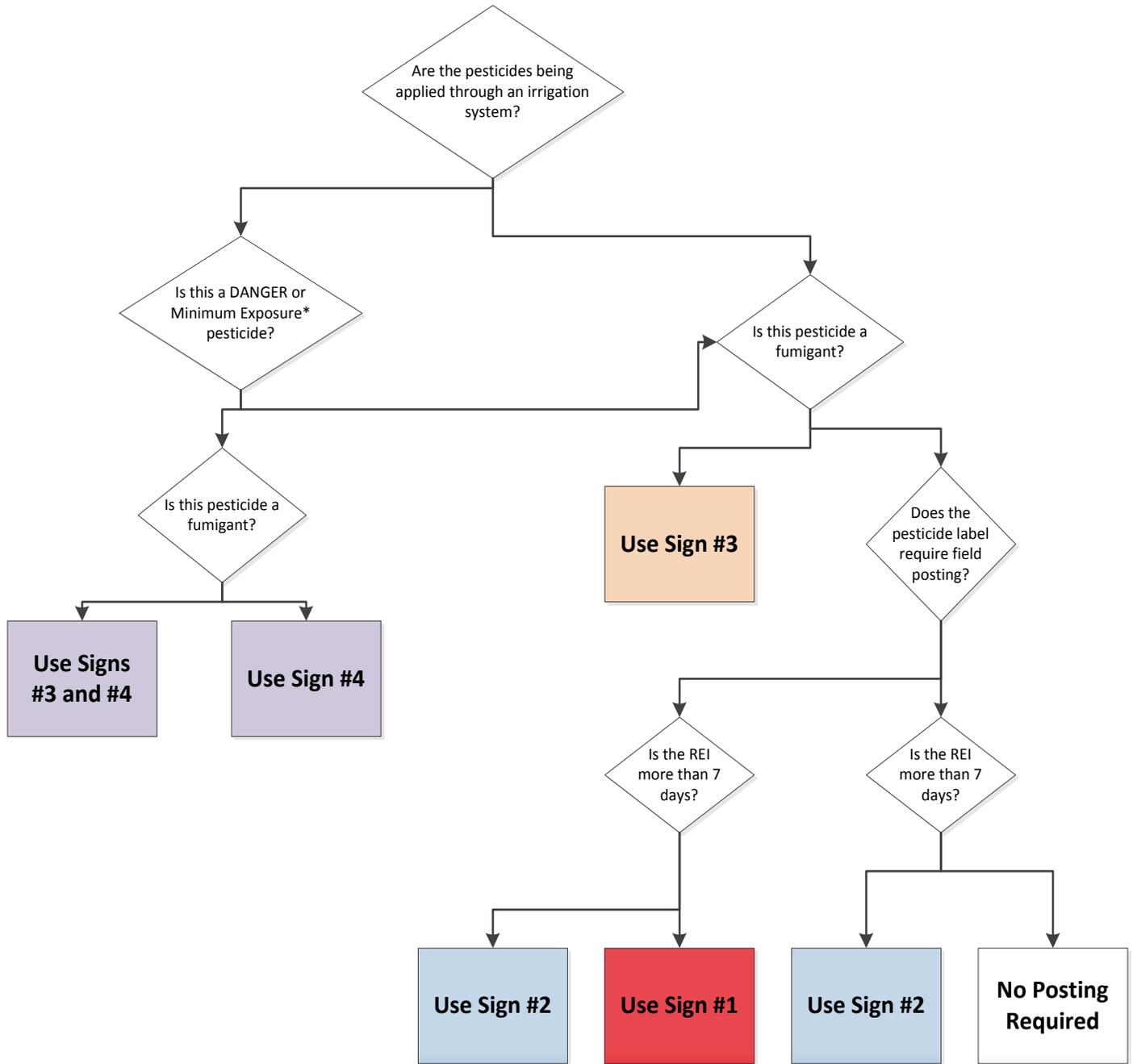
(D) This restricted entry interval applies only when more than one pound per acre of non-encapsulated parathion-methyl is applied.

(E) The restricted entry interval for strawberries and field grown roses treated with propargite is 3 days.

(F) The restricted entry interval for cotton fields treated with propargite is seven days. However, from the end of the restricted entry interval until the beginning of harvest, the employer shall assure that employees entering propargite treated cotton fields wear work clothing with long sleeves and legs and gloves.

(G) This restricted entry interval for sulfur applies from May 15 through harvest.

FIELD POSTING FLOWCHART



*Minimal Exposure pesticides: bromoxynil (Buctril, Bronate), folpet, oxydemeton-methyl (Metasystox-R), propargite (Omite, Comite)

FIELD POSTING SIGNS

Sign #1: General Use



Sign #2: Restricted Entry



Sign #3: Fumigation



Sign #4: Chemigation



Early Entry Restrictions

The table below outlines when employees may enter a field during a restricted entry interval, and the rules that must be followed.

Who is allowed to enter a field while a restricted entry interval (REI) is in effect?	Restrictions
<p style="text-align: center;">Handling</p> <p>Employees conducting pesticide-handling activities, including soil incorporation (mechanical or watered-in).</p>	<p>Must wear personal protective equipment (PPE) required on the pesticide label for handling activities.</p>
<p style="text-align: center;">No contact</p> <p>Employees involved in activities in which there will be no contact with anything that has been treated (e.g., operating a tractor from an enclosed cab).</p>	<p>Inhalation exposure must not exceed any pesticide product labeling standard, or for greenhouses, the ventilation criteria in 3 CCR section 6769, must have been met.</p>
<p style="text-align: center;">Limited contact</p> <p>Employees involved in limited contact activities (including limited contact irrigation) that are necessary and unforeseen.</p>	<p>Only if all of these apply:</p> <ol style="list-style-type: none"> 1. The REI is not for a pesticide with the label requirement for both oral notification and posting. 2. At least 4 hours have elapsed since the end of the application. 3. Inhalation exposure does not exceed the pesticide product labeling standard, or, the ventilation criteria in 3 CCR section 6769 have been met. 4. Exposure is minimal and limited to the feet, legs (below the knees), hands, and forearms (below the elbows). 5. The PPE specified on the pesticide label for early entry, or the optional personal protective equipment of coveralls, socks, chemical-resistant footwear, chemical-resistant gloves, and protective eyewear (if required by the pesticide label) is used. 6. Worker spends no more than 8 hours in any 24-hour period in fields under an REI. 7. The employees are informed that this exception is being used and about the provisions of 2, 3, and 6.
<p style="text-align: center;">Other activities</p> <p>Employees involved in other activities not described above, and that do not involve hand labor.</p>	<p>Only if all of these apply:</p> <ol style="list-style-type: none"> 1. At least 4 hours have elapsed since the end of the application. 2. Inhalation exposure does not exceed the pesticide product label standard, or ventilation criteria in 3 CCR section 6769 are met. 3. The PPE specified on the pesticide label for early entry is used. 4. Entry does not exceed one hour in any 24-hour period.

PESTICIDE SAFETY INFORMATION SERIES

The Pesticide Safety Information Series (PSIS) is provided for the training of pesticide handlers and fieldworkers. The leaflets are available online at (<http://www.cdpr.ca.gov/docs/whs/psisenglish.htm>).

The following leaflets are available in **English and Spanish**.

PSIS A-1: Working Safely with Pesticides on Farms

PSIS A-2: Storing, Moving and Disposing of Pesticides on Farms

PSIS A-3: Closed Systems, Enclosed Cabs, Water Soluble Packaging

PSIS A-4: First Aid

PSIS A-5: Protecting Yourself from Breathing Pesticides on Farms

PSIS A-7: Washing Pesticide Work Clothing

PSIS A-8: Safety Rules for Pesticide Handlers on Farms

PSIS A-9: Pesticide Safety Rules for Farmworkers

PSIS A-10: Safety Rules for Minimal Exposure Pesticides on Farms

PSIS A-11: Rules for Medical Care when Handlers use Organophosphates and Carbamates

SCHOOL CONTACTS

If fields are in the vicinity of schools, it is often helpful to establish a line of communication before the season begins. Be aware of any charter or private schools that may be in the vicinity.

Madera Unified District	Transportation Department	(559) 675-2288
Berenda School	26820 Club Dr, Madera	674-3325
Dixieland School	18440 Road 19, Madera	673-9119
Eastin Arcola School	29551 Avenue 8, Madera	674-8841
Howard School	13878 Road 21 1/2, Madera	674-8568
La Vina School	8594 Road 23, Madera	673-5194
Madera High-South Campus	705 W. Pecan Ave, Madera	675-4450
Chawanakee District	Transportation Department	(559) 877-6209
Sierra View School	16436 Paula Road, Madera	645-1122
Chowchilla Elementary District	Transportation Department	(559)665-8035
Fairmead Elementary	19421 Avenue 22 ¾, Chowchilla	665-8040
Alview-Dairyland District	Transportation Department	(559) 665-2275
Alview School	20513 Road 4, Chowchilla	665-2394
Dairyland School	12861 Avenue 18 1/2, Chowchilla	665-2394
Golden Valley District	Transportation Department	(559) 645-7500
Liberty High School	12220 Road 36, Madera	645-3500
Other Schools		
Seventh Day Adventist School	22310 Road 13, Chowchilla	665-1853
Madera Community College	30277 Avenue 12, Madera	675-4800

Voluntary Respirator Use Posting

[Subsection (r) posting]

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Air filtering respirators **DO NOT SUPPLY OXYGEN**. Do not use in situations where the oxygen levels are questionable or unknown.

Anuncio Voluntario del Uso de un Respirador

Los respiradores son un método efectivo de protección contra peligros señalados cuando se seleccionan y se usan en forma correcta. El uso de un respirador se aconseja aún cuando las exposiciones están bajo la exposición límite, para proveer un nivel adicional de comodidad y protección para los trabajadores. Sin embargo, si un respirador se usa en forma incorrecta y no se mantiene limpio, el respirador en sí mismo puede convertirse en un peligro para el trabajador. Algunas veces, los trabajadores podrían usar respiradores para evitar exposiciones a peligros, aún cuando la cantidad de sustancias no exceden los límites fijados por las normas de OSHA. Si su empleador le provee respiradores para su uso voluntario, o usted provee su propio respirador, usted necesita tomar ciertas precauciones para estar seguro que el respirador mismo no presente un peligro.

Usted debe hacer lo siguiente:

1. Lea y siga todas las instrucciones proporcionadas por el fabricante sobre el uso, mantención, limpieza y cuidado, y advertencias en lo que se refiere a las limitaciones de los respiradores.
2. Seleccione respiradores de uso certificado para proteger contra el contaminante de interés. NIOSH, el Instituto Nacional para la Seguridad y Salud Ocupacional Del Departamento de Salud y Servicios Humanos de Estados Unidos, certifica los respiradores. Una etiqueta o declaración de certificación debe aparecer en el respirador o envase del respirador. Esto le dirá para qué está diseñado el respirador y cuánto lo protegerá.
3. No use su respirador en atmósferas que contienen contaminantes para los cuales el respirador no está diseñado de protegerlo. Por ejemplo, un respirador diseñado para filtrar partículas de polvo no lo protegerá contra los gases, vapores o partículas solidas muy pequeñas o vahos o humo.
4. Ocupese de su respirador para evitar usar un respirador que es de otra persona.
5. Los filtros de aire no **NO LE PROPORCIONAN OXIGENO**. No lo use en situaciones cuando los niveles de oxigeno son cuestionables o se desconocen.

Emergency Medical Care

The grower must post Emergency Medical Care information at each work site. The posting should be prominent enough that a passerby could phone for help, if necessary.

Name of Physician/Medical Care Facility:

Address:

Telephone Number: ()

Procedures to be followed to obtain emergency medical care, if the facility above is not reasonably accessible from the work location:

Pesticide Handler Training Program

WRITTEN TRAINING PROGRAM

Employer Name: _____

Trainer's Name: _____

Trainer's Qualifications: _____ PA _____ QAL/QAC _____ PCA

Training Materials:

Name of videos, pamphlets, or other training materials, and a brief description:

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

Pesticide labels from the following products: _____

Pesticide Safety Information Series (PSIS) leaflets used: _____

Material Safety Data Sheets (MSDS) for the following products: _____

Pesticide Handler Training Record

Print EMPLOYEE'S Name: _____

EMPLOYEE'S Signature: _____

Print EMPLOYER'S Name: _____

Print TRAINER'S Name: _____

Trainer Qualifications: _____

Annual Training	Specific Pesticides					

Assigned Job Duties

- Mixer/Loader Service/Repair Other
 Applicator Flagger _____

Trainer's Initials

Employee's Initials

Subjects as Specified in Section 6724(b) of the California Code of Regulations

Safe Use of Pesticides	READ THE LABEL: Signal word, caution statements, first aid, rate, dilution volume. Applicable laws and regulations. MSDS and PSIS leaflets.										
	PROTECTIVE CLOTHING AND EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron. Equipment cleaning and maintenance										
	USE OF ENGINEERING CONTROLS (i.e. closed system, enclosed cabs).										
	SAFETY PROCEDURES: To be followed while mixing, loading, applying pesticides. Procedures for handling non-routine tasks or emergency situations.										
	DRIFT: Confine the spray to the crop. Watch out for people, animals, waterways, or any special hazard. Work into the wind.										
	TRIPLE RINSE PESTICIDE CONTAINERS AT TIME OF USE: Never take home pesticide containers used at work.										
	STORE pesticides in a LOCKED and posted area or with an authorized person watching the cans.										
	WEAR CLEAN WORK CLOTHES DAILY. Be aware of pesticide residues on clothing.										
	WASH hands and arms with SOAP & WATER: Before eating, drinking, smoking, going to the bathroom. Emergency eye flushing techniques.										
	WASH COMPLETELY at the end of the workday. Change into clean clothing.										
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.											
HEAT RELATED ILLNESS: Prevention, recognition, and first aid treatment.											
LOCATION OF PESTICIDE SAFETY INFORMATION SERIES (PSIS): Material Data Safety Sheets (MSDS), Pesticide Use Records, safety posters, and Restricted Entry Interval information.											
EMPLOYEE'S RIGHTS: Against discharge, discrimination. Rights to receive information.											
THE NEED FOR IMMEDIATE DECONTAMINATION of skin and eyes when exposure occurs.											
Health Information	SYMPTOMS OF POISONING: Pinpoint pupils, nausea, shortness of breath, dizziness, headaches, blurred vision. Ways poisoning or injury can occur.										
	ROUTES THROUGH WHICH PESTICIDES ENTER THE BODY.										
	UNDERSTANDING THE IMMEDIATE AND LONG TERM HAZARDS involved in handling pesticides. Known or suspected chronic and acute effects.										
	MEDICAL SUPERVISION: Required when working with carbamate or organophosphate pesticides with signal word of DANGER or WARNING.										

Date of Training

Employee Pesticide Use Record

Employee Name: _____

Whenever an employee mixes, loads, or applies a DANGER or WARNING pesticide that contains an **organophosphate** or **carbamate**, the employer must maintain use records that identify the employee, name of the pesticide, and date of use. Retain these records for **three years**.

Date of Use	Pesticide Name	Signal Word	Carbamate/ Organophosphate

Medical Supervision Written Agreement

I, _____, agree to provide medical supervision for the
employees of _____.

(Physician name)

(Grower or Company)

I possess a copy of, and am aware of the contents of, the following document:

Medical Supervision of Pesticide Workers--Guidelines for Physicians.

(Physician)

(Grower Name/Company)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Telephone)

(Telephone)

(Signed)

(Signed)

FIELDWORKER SAFETY TRAINING RECORD

NAME OF EMPLOYER: _____ **DATE:** _____

NAME OF TRAINER: _____

TRAINER'S QUALIFICATION: _____

Symptoms of poisoning: Pinpoint pupils, nausea shortness of breath, dizziness, blurred vision. Ways poisoning or injury can occur.
Wash hands and arms with soap and water: Before eating drinking, smoking, or going to the bathroom Emergency Eye flushing techniques.
Wash completely at the end of the work day, change into clean clothing.
Wear clean work clothing daily. Be aware of pesticide residues on clothing.
Understanding the immediate and long term hazards involved in handling pesticides. Known or suspected chronic and acute effects.
Emergency medical information: Name, address, phone number of clinic, physician, or hospital emergency room and where the information is located.
Never take home pesticide containers used at work.

Location of pesticide safety information series (PSIS Material safety data sheets (MSDS), pesticides use reports, safety posters, and restricted entry intervals.
The need for immediate decontamination of skin and eyes when exposure occurs.
Employee's rights: against discharge, discrimination, rights to receive information.
Routes through which pesticides enter the body.
Prevention, recognition, and first aid treatment of Heat related illness.
Restricted entry intervals and posting. Do not enter treated areas.

Print Your Name

Sign Your Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FIELDWORKER SAFETY TRAINING RECORD

NOMBRE DE PATRON: _____ **FECHA:** _____

NAOMBRE DE ENTREADOR: _____

CALIFOCAIONES DE ENTRENADOR: _____

Sintomas de envenemiento: Pupilas muy pequeno, nausea, vertigo, delor de cabeza, vision borrosa, respiracion brevedad. Modo envennamiento o lesion puede ocurrir.
Lave las manos y brazos con aqua y jabon: Antes de comer beber, fumar, o ida al bano. Tecnico de emergencia para enjuagarse los ojos.
Lavarse completamente al fin del dia de trabajo; ambiarse a ropa.
Usa ropa de trabajo limpia diariamente. Darse cuenta de residuos de pesticides en su ropa.
Entendimiento de los peligros cuando use pesticides. Saber efectos sospechosos o conocidos agudos o cronicos.
Donde buscar atencion medica en emergencian: Nombre, domicilla, numero de telefono de la clinica, doctor,o cuarto de emergencia del hospital
Nunca se lleve de pesticides usadas en su trabajo para su casa.

Localoxacion de serie informacionales de seguridad con pesticides o datos de seguridad de la material.Archivos
de aplicaciones de pesticides, leteros de informacion, y informacion de intervalos restringidos de reingreso (REI)
La necesidad para purificacion inmediatamente de la piel y los ojos cuando exposicion sucede.
Derechos de empleados: Contra decarga, discriminacion, y derechos de recibir informacion.
Rutas a traves como peticidas puended entrar al cuerpo. Boca, piel, ojos, inhalacion.
Prevencion, reconocimiento, primeros auxilios, Tratamiento de enfermedad relacionada al calor.
Intervalos de entraradar restringidos No entren a una area tratada.

Escriba su Nombre en Letra de Molde

Firma

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



Madera County Department of Agriculture Weights and Measures

Robert J. Rolan, Agricultural Commissioner
Sealer of Weights and Measures
Jay Seslowe, Assistant
Commissioner/Sealer

Letter of Authorization

I, _____, the permittee for _____,
(Name of Responsible Party) *(Business Name, or Name on Permit)*

authorize _____ to operate on my behalf with regard
(Name of Individual to be Authorized)

to my Restricted Material Permit or Operator Identification Number,

(Permit or Operator Identification Number)

I understand that I remain responsible for:

- ✓ Submission of Notices of Intent to Apply Pesticides
- ✓ Submission of Pesticide Use Reports
- ✓ Training of my employees
- ✓ Assuring that my employees use appropriate Personal Protective Equipment
- ✓ Maintenance of all required records
- ✓ Liability for any damage to persons or property resulting from the possession or use of pesticides by my operation

Name _____ Signature _____
(Print Name of Responsible Party) *(Signature of Responsible Party)*

Title _____ Date _____
(Title of Responsible Party)

Respiratory Protection Program

(Company Name)

(Date Implemented)

This program does not cover the use of atmosphere-supplying respirators

INTRODUCTION

This respiratory protection program is designed to conform to the requirements in Title 3 of the California Code of Regulations, Section 6739 (3 CCR Section 6739).

PURPOSE

The purpose of this program is to protect employees from respiratory hazards associated with the use of pesticides and to comply with current regulations and label requirements. This program will include the following elements:

- Selection of Respirators
- Medical evaluation of employees
- Fit testing
- Proper use for routine and emergency
- Maintenance, cleaning and care
- Ensure breathing air quality
- Training in the use of respirators
- Program evaluation

ADMINISTRATION

The Respirator program administrator (RPA) is _____. The RPA is responsible for implementing the elements of this written program for all uses of respirators.

The RPA keeps records on:

1. Training
2. Fit Testing
3. Equipment Inspection
4. Medical Recommendations
5. Copies of previous WRITTEN PROGRAMS
6. Employee consultations
7. Program evaluations

All of the above records will be maintained while employees are required to use respiratory protection and for three years after the end of employment conditions requiring respiratory protection.

RESPIRATOR SELECTION

Only respiratory protective equipment approved by NIOSH (National Institute for Occupational Safety and Health) will be used. Pesticide product labels will be consulted to determine the correct respirator for protection against the specific hazard. Regulatory requirements or permit conditions may also specify the appropriate respiratory protection.

Air purifying respirator: A respirator that removes contaminants from the inhaled air stream. There are two major sub-categories of air purifying respirator systems: Mechanical filter type, used to remove particulates (dusts, mists, fogs, smokes and fumes) and chemical cartridge type (absorption or adsorption or modification of gasses or vapors). Some respirators combine both types of systems.

Filtering facepiece: A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

INSTRUCTION AND TRAINING

Training will be given to all employees who may be required to wear respiratory protective equipment. Written records of the names of the persons trained and the dates the training occurred will be maintained and available for inspection by authorized personnel.

Employees who are required to use respirators will be trained such that they can demonstrate knowledge of at least:

- Why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect
- Limitations and capabilities of the respirator
- Effective use in emergency situations
- How to inspect, put on and remove, use and check the seals of the respirator
- Maintenance and storage
- Recognition of medical signs and symptoms that may limit or prevent effective use

Practice demonstrations will include:

1. Inspecting, donning, wearing and removing the respirator.
2. Adjusting the respirator to minimize discomfort to the wearer.
3. Wearing during training for an adequate period time to ensure that the wearer is familiar with the operational characteristics of the respirator.

Each respirator user will be retrained at least annually.

CLEANING, SANITIZING, MAINTENANCE, INSPECTION, REPAIR AND STORAGE

- Individual respirator users are responsible for cleaning their own respirators. Respirators will be cleaned when appropriate. Individual respirator users are directed to perform routine maintenance and inspection of respirators issued to them.
- After using a respirator, the individual employee is responsible for returning the respirator to central supply for cleaning. Respirators that may be re-issued to different employees shall be sanitized with the appropriate sanitizing agent. Central supply is responsible for the routine maintenance and inspection of respirators.

Cartridges, filters and filtering face-pieces shall be replaced according to the following hierarchically arranged criteria:

1. At the first indication of odor, taste, or irritation while in use, the respirator wearer leaves the contaminated area, adjusts the mask for fit and on returning still encounters odor, taste, or irritation.
2. When End-of-Service-Life-Indicator (ESLI) indicates that the respirator has reached its end of service life.
3. All disposable filtering facepiece respirators shall be discarded at the end of the workday.
4. According to pesticide-specific label directions/recommendations.
5. According to pesticide-specific directions from the manufacturer.
6. Absent any pesticide-specific directions/recommendations, at the end of the day's work period.

The program administrator will make (circle one: DAILY OR WEEKLY OR MONTHLY OR OTHER SPECIFIC PERIOD _____) inspections of the respirators and service procedures to ensure that equipment is properly maintained.

Cleaning will be done following manufacturer's recommendations. After cleaning (and, if required, sanitizing), respirators will be stored in disposable, resealable plastic bags. Respirators and their filters/cartridges will be stored so that they are protected from sunlight, dust, chemical contamination, moisture, and temperature extremes.

MEDICAL EVALUATION

Each employee who may be required to wear respiratory protective equipment will be required to either complete a Medical Evaluation Questionnaire or undergo a medical examination by a physician or other licensed health care professional (PLHCP). The questionnaire will be completed confidentially by the employee and mailed to the PLHCP. Management may not read the completed questionnaire or assist the employee in filling out the questionnaire. If the employee cannot read the questionnaire, the employee may ask a family member or non-management coworker for assistance, or the RPA may contract an independent translator for the worker.

The physician or other licensed health care professional contracted for this purpose is:

Name: _____

Address: _____

Phone: _____

On evaluation of the employee's completed Medical Evaluation Questionnaire, the PLHCP shall send the employer a copy of the Medical Recommendation Form or similar information. A copy of the recommendation will also be provided to the employee. The RPA will retain the recommendation of the PLHCP for any employee that receives a medical evaluation.

Subsequent medical evaluations will be performed if any of the following trigger indicators are met:

- Worker reports medical signs or symptoms related to the ability to use a respirator.
- PLHCP, supervisor, or RPA informs the employer that a worker needs to be reevaluated.
- Information from the respirator program, including observations made during fit testing and program evaluation, indicates a need.
- Change occurs in workplace conditions that may substantially increase the physiological burden on a worker.

USE LIMITATIONS

Respirators shall not be worn when conditions prevent a good gas-tight fit. Employees with facial hair (heavy stubble, drooping mustache, long sideburns, beards) that prevent a gas-tight seal shall not wear respiratory protective equipment that requires a tight face to face-piece seal for proper operation. Other types of non-face-sealing respirators, if adequate for mitigating the hazard, may be chosen.

Prescription lenses, if needed for a full-face respirator, will be mounted within the face mask using manufacturer authorized mounting equipment.

RESPIRATOR FIT TESTING AND USER SEAL-CHECK PROCEDURES FOR RESPIRATORS REQUIRING A FACE TO FACE-PIECE SEAL

In all cases, the respirator wearer should select a respirator that feels comfortable. If there are any doubts about the condition or integrity of the respirator or filters, the respirator should be rejected.

Qualitative Fit Testing: A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

The following protocol(s) are used to fit test respirators:

For testing against organic vapors cartridges:

- Iso-amyl acetate test ("Banana oil")

For testing against particulate filters:

- Saccharin test
- Bitrex® test
- Irritant smoke test

Quantitative Fit Testing: An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

The following protocol(s) are used to fit test respirators:

- Generated Aerosol (corn oil, salt, DEHP)
- Condensation Nuclei Counter (PortaCount)
- Controlled Negative Pressure (Dynatech FitTester 3000)

Evaluation and Employee Consultation

This respiratory protection program shall be evaluated annually to ensure that it reflects conditions found in the workplace. If conditions change such that this program becomes inadequate or otherwise deficient, the RPA shall take immediate steps to reestablish effective implementation.

Workers required to wear respiratory protection will be consulted, at least annually, on the worker's experience with the respirators and the respiratory protection program in general. Workers will be asked about respirator fit, maintenance, appropriateness to the pesticides sprayed and any other information deemed necessary to ensure worker feedback concerning their use of respirators.

All evaluations and consultations will be documented, including declarations of no change. Any modifications to this program will be implemented within 30 days.

Respirator Fit Test Record

Employee Name: _____

Age: _____ Sex: Male Female

Date of test: _____

Person Conducting Test: _____

Respirator Name: _____

Size/Type: _____

Test(s) Used:

- Iso-amyl acetate test (“Banana oil”)
- Saccharin test
- Bitrex[®] test
- Irritant smoke test
- Generated Aerosol (corn oil, salt, DEHP)
- Condensation Nuclei Counter (PortaCount)
- Controlled Negative Pressure (Dynatech FitTester 3000)

Medical Evaluation Questionnaire

To the employee:

Can you read (circle): Yes/No (This question to be asked orally by employer. If yes, employee may continue with answering form. If no, employer must provide a confidential reader, in the primarily understood language of the employee.)

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Section 1. (Mandatory, no variance in this format allowed) Every employee who has been selected to use any type of respirator must provide the following information (please print):

1. Today's date: ____/____/____

2. Your name: _____

3. Your age: _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. How can you be reached by the health care professional who reviews this questionnaire?

9. If by phone, the best time to call is Morning/Afternoon/Evening/Night at:

(include the area code): ____ - ____ - ____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

Section 2. (Mandatory) Every employee who has been selected to use any type of respirator must answer questions 1 through 8 below (please circle "yes" or "no").

1. Do you currently smoke tobacco or have you smoked tobacco in the last month: Yes/No

2. Have you ever had any of the following conditions?

- a. Seizures (fits): Yes/No
- b. Allergic reactions that interfere with your breathing: Yes/No
- c. Claustrophobia (fear of closed-in places): Yes/No
- d. Trouble smelling odors: Yes/No/Do not know
- e. Diabetes (sugar disease): Yes/No/Do not know

3. Have you ever had any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you have been told about: Yes/No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No

- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina (pain in chest): Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Irregular heart beat (an arrhythmia): Yes/No/Do not know.
- g. High blood pressure: Yes/No/Do not know
- h. Any other heart problem that you have been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/No
- f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you have used a respirator, have you ever had any of the following problems?

(If you have never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Breathing difficulty: Yes/No
- f. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10-15 must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering this question is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No

11. Do you currently have any of the following vision problems?

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No

13. Do you currently have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No

15. Do you currently have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Cuestionario de Evaluación Médica

Para el empleado:

Usted puede leer (marque con un círculo): Sí/No

(El empleador tiene que preguntar esta pregunta oralmente. Si es afirmativa, el empleado continuaría respondiendo la encuesta. Si es negativa, el empleador tiene que proveer un lector, en el lenguaje principal que entienda el empleado.

Su empleador tiene que dejarle responder este cuestionario durante las horas normales de trabajo, o en un momento y lugar que le sea conveniente. Para mantener este cuestionario en forma confidencial, su empleador o supervisor no debe ver ni revisar sus respuestas. Su empleador debe informarle a quién dar o cómo enviar este cuestionario al profesional de salud que lo va a revisar.

Sección 1. (Obligatorio, no se acepta variación alguna de este formato. La siguiente información debe ser entregada por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (por favor escriba con letra de imprenta):

1. La fecha de hoy: ____/____/____

2. Su nombre: _____

3. Su edad: _____

4. Sexo (marque uno con un círculo): Masculino/Femenino

5. Altura: _____ pies _____ pulgadas

6. Peso: _____ libras

7. Su título de trabajo _____

8. ¿Cómo lo puede contactar el profesional de salud que revisa este cuestionario?

9. Si es por teléfono, indique la hora más conveniente para llamarle en la Mañana/Tarde/Noche al: (incluya el Código de área): ___ - ___ - ____.

10. ¿Le ha informado su empleador cómo comunicarse con el profesional de salud que va a revisar este cuestionario (marque con un círculo una respuesta)? Sí/No

11. Anote el tipo de equipo respiratorio que utilizará (puede anotar más de una categoría)

- a. Respirador desechable de clase N, R o P (respirador de filtro, respirador sin cartucho)
- b. Respirador de media cara (filtro de partícula o filtro de vapor o ambos)
- c. Respirador de cara completa (filtro de partícula o filtro de vapor o ambos)
- d. Purificador de aire accionado por un motor (PAPR)
- e. Respirador con un aparato propio de auto-suministro de aire (SCBA)
- f. Respirador con suministro aire a través de una manguera (SAR)
- g. Otro

12. Ha usado algún tipo de respirador? (marque uno con un círculo): Sí/No

Si ha usado equipo protector respiratorio, qué tipo(s) ha utilizado:

- a. Respirador desechable de clase N, R o P (respirador con filtro, respirador sin cartucho)
- b. Respirador de media cara (filtro de partícula o filtro de vapor o ambos)
- c. Respirador de cara completa (filtro de partícula o filtro de vapor o ambos)
- d. Purificador de aire accionado por un motor (PAPR)
- e. Respirador con un aparato propio de auto-suministro de aire (SCBA)
- f. Respirador con suministro de aire a través de una manguera (SAR)
- g. Otro

Sección 2. (Obligatorio): Cada empleado seleccionado para usar cualquier tipo de respirador, debe contestar las preguntas del 1 al 8. Marque con un círculo “sí” o “no”.

1 ¿Actualmente, usted fuma tabaco, o ha fumado tabaco durante el último mes? : Sí/No

2 ¿Usted ha tenido algunas de las siguientes condiciones: Sí/No

- a. Ataque de apoplejía (ataque de epilepsia): Sí/No
- b. Reacciones alérgicas que no lo dejan respirar: Sí/No
- c. Claustrofobia (miedo al encierro en un lugar pequeño): Sí/No
- d. Dificultad para oler: Sí/No/ No sé
- e. Diabetes: Sí/No/No sé

3 ¿Ha tenido algunas de los siguientes problemas pulmonares o al pulmón?

- a. Asbestosis: Sí/No
- b. Asma: Sí/No
- c. Bronquitis crónica: Sí/No
- d. Enfisema: Sí/No
- e. Pulmonía: Sí/No
- f. Tuberculosis: Sí/No
- g. Silicosis: Sí/No
- h. Neumotórax (pulmón colapsado): Sí/No
- i. Cáncer en los pulmones: Sí/No
- j. Costillas quebradas: Sí/No
- k. Cualquier lesión o cirugía en el pecho: Sí/No
- l. Cualquier otro problema pulmonar que le han dicho a usted: Sí/No

4 ¿Tiene actualmente alguno de los siguientes síntomas o enfermedades en los pulmones?

- a. Respiración dificultosa: Sí/No
- b. Respiración dificultosa cuando camina rápido sobre terreno plano o subiendo una colina o pendiente: Sí/No
- c. Respiración dificultosa cuando camina normalmente con otras personas sobre terreno plano: Sí/No
- d. Cuando camina normalmente en terreno plano ¿siente que tiene que detenerse para coger aire? : Sí/No
- e. Respiración dificultosa cuando se está bañando o vistiendo: Sí/No

- f. Respiración dificultosa que le impide trabajar: Sí/No
- g. Tos con flema (esputo espeso): Sí/No
- h. Tos que lo despierta temprano en la mañana: Sí/No
- i. Tos que ocurre mayormente cuando está acostado: Sí/No
- j. ¿Ha tosido sangre en el último mes? : Sí/No
- k. Respiración dificultosa y con ruido: Sí/No
- l. Respiración con silvido o dificultad o asmaticamente que le impide trabajar: Sí/No
- m. Dolor en el pecho cuando respira profundamente: Sí/No
- n. Otros síntomas que usted cree están relacionados con problemas a los pulmones: Sí/No

5 ¿Ha tenido algunos de los siguientes problemas cardiovascular o al corazón?

- a. Ataque cardíaco: Sí/No
- b. Ataque de parálisis (apoplejía): Sí/No
- c. Angina (dolor al pecho): Sí/No
- d. Falla del corazón: Sí/No
- e. Hinchazón en las piernas o pies (que no sea causado por caminar): Sí/No
- f. Latidos irregulares del corazón (una arritmia): Sí/No/No sé
- g. Presión sanguínea alta: Sí/No/No sé
- h. Cualquier otro problema al corazón que le han dicho a usted: Sí/No

6 ¿Ha tenido algunos de los siguientes síntomas cardiovascular o al corazón?

- a. Frecuente dolor de pecho o pecho apretado: Sí/No
- b. Dolor o pecho apretado durante actividad física: Sí/No
- c. Dolor o pecho apretado que no lo deja trabajar normalmente: Sí/No
- d. En los últimos dos años ha notado que su corazón late irregularmente o se salta un latido: Sí/No
- e. Dolor en el pecho o indigestión que no se relacione con la comida: Sí/No
- f. Algunos otros síntomas que usted piensa son causados por problemas del corazón o de la circulación: Sí/No

7 ¿Actualmente, está tomando medicamentos para alguno de los siguientes problemas?

- a. Problemas al respirar o pulmonares: Sí/No
- b. Problemas del corazón: Sí/No
- c. Presión sanguínea: Sí/No
- d. Ataque de apoplejía (ataque de epilepsia): Sí/No

8 Si usted ha usado un respirador ¿ha tenido alguna vez alguno de los siguientes problemas? (Si usted no ha usado un respirador deje esta pregunta en blanco y continúe con la pregunta 9)

- a. Irritación de los ojos: Sí/No
- b. Alergias del cutis o salpullido: Sí/No
- c. Ansiedad: Sí/No
- d. Debilidad general o fatiga: Sí/No
- e. Dificultad al respirar: Sí/No
- f. Algún otro problema que le impida el uso de un respirador: Sí/No

9 ¿Le gustaría hablar con el profesional de salud que va a revisar sus respuestas?

Las preguntas del 10 al 15 deben contestarse por los empleados seleccionados para usar un respirador purificador de aire de cara completa con filtros o un aparato personal de auto respiración (SCBA, por su sigla en inglés). Para los empleados seleccionados a usar otros tipos de respiradores, la respuesta a esta pregunta es voluntaria.

10 ¿Ha perdido la visión en cualquiera de sus ojos (temporalmente o permanente?): Sí/No

11 ¿Actualmente, tiene algunos de los siguientes problemas con su vista?

- a. Usa lentes de contacto: Sí/No
- b. Usa lentes: Sí/No
- c. Daltonismo(dificultad para distinguir colores): Sí/No
- d. Algún otro problema con los ojos o la vista: Sí/No

12 ¿Ha tenido alguna vez un daño a los oídos, incluso una membrana (tímpano) del oído rota?: Sí/No

13 ¿Actualmente tiene alguno de los siguientes problemas para oír?

- a. Dificultad para oír: Sí/No
- b. Usa un aparato del oído (audífono): Sí/No
- c. ¿Tiene algún otro problema con los oídos o de audición? : Sí/No

14 ¿Se ha lesionado alguna vez la espalda? : Sí/No

15 ¿Tiene alguno de los siguientes problemas óseos o musculares?

- a. Debilidad en cualquiera de los brazos, manos, piernas o pies: Sí/No
- b. Dolor de espalda: Sí/No
- c. Dificultad para mover sus brazos y piernas completamente: Sí/No
- d. Dolor o rigidez cuando se inclina de la cintura para adelante o para atrás: Sí/No
- e. Dificultad para mover la cabeza para arriba o para abajo completamente: Sí/No
- f. Dificultad para mover la cabeza de lado a lado: Sí/No
- g. Dificultad para agacharse doblando las rodillas: Sí/No
- h. Dificultad para ponerse en cuclillas hasta el suelo: Sí/No
- i. Dificultad para subir un piso o escaleras cargando más de 25 libras: Sí/No
- j. Algún otro problema muscular o con sus huesos que le impida usar un respirador: Sí/No