

Headquarter Compliance

Presented by AgSafe



AgSafe
FOOD & FARMS

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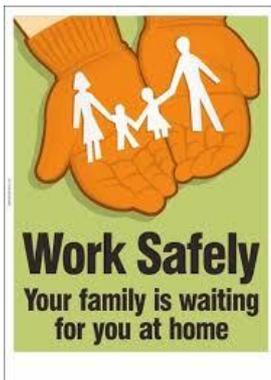
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Learning Objectives

- Review the elements that an inspector looks for while conducting a pesticide headquarter inspection
- Provide practical solutions to compliance requirements while keeping handlers safe



What will an inspector look for?

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
PEST CONTROL HEADQUARTERS
INSPECTION REPORT
PR-ENF-109 (REV. 01/10) Page 1 of 1

109-

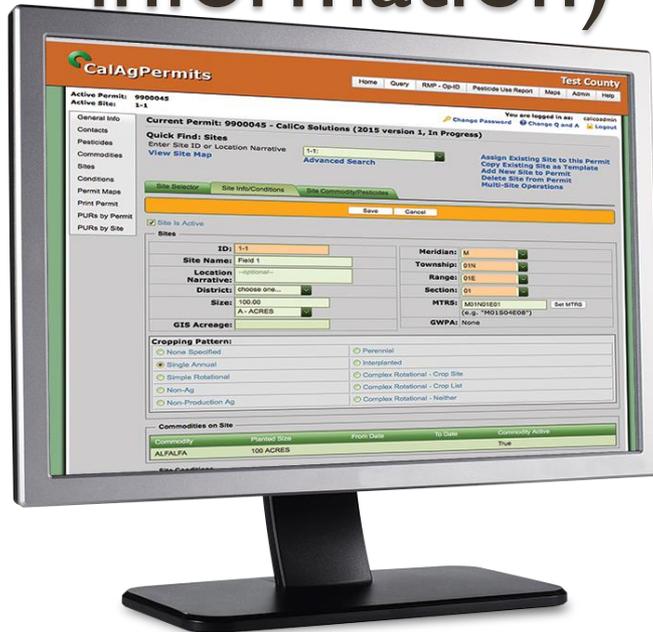
COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM INSPECTED	BUSINESS TYPE (Check one) <input type="checkbox"/> Property Operator	PERMIT / OPERATOR ID NUMBER	<input type="checkbox"/> N/R	EXPIRES
TELEPHONE NUMBER	<input type="checkbox"/> Pest Control Dealer	BUSINESS LICENSE NUMBER	or <input type="checkbox"/> UNL	EXPIRES
FIRM MAILING ADDRESS	FIRM LOCATION			
PERSON INSPECTED	LICENSE TYPE <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC	<input type="checkbox"/> DDA <input type="checkbox"/> PCA	<input type="checkbox"/> N/R <input type="checkbox"/> UNL	NUMBER CATEGORY(S) EXPIRES
Name of Handler Trainer _____		Name of Field Worker Trainer _____		Name of RPA _____

HEADQUARTERS AND EMPLOYEE SAFETY INSPECTION				C. DEALER RECORDS / STORAGE INSPECTION <input type="checkbox"/> Main <input type="checkbox"/> Branch						
A. PRODUCTION AGRICULTURE				B. OTHER						
COMPLIANCE		REQUIREMENTS	Section	COMPLIANCE		REQUIREMENTS	Section	COMPLIANCE		
YES	NO	N/A		YES	NO	N/A		YES	NO	N/A
		1. Valid Restricted Material Permit	6412				1. Dealer Licensed	12101		
		2. Notice Prior to Application	6618				2. Designated Agent / Office; Valid Lic. / Cert.	6560		
		3. App. Completion Records / 2 yrs	6619				3. Sales Records / Written Statement	6562		
		4. Operator ID Number Obtained	6622				4. Appropriate Products Sold	6564		
		5. Site ID/ Permit Kept / 2 years	6623				5. Permits for RM Sales / 2 years	6568(a)		
		6. Pest. Use Rec. Available / 2 years	6624				6. QAL, QAC, PAC Statement Avail. / 2 years	6568(b)		
		7. Pest. Use Reports Submitted	6626/7				7. Operator ID Number / 2 years	6568(c)		
		8. Emergency Med. Care Planned	6726/68				8. Out of County Sales Reporting	6568(d)		
		9. Change Area	6732				9. Specialized Records - Clopyralid, Tributyltin	6574/76		
		10. Proper Storage of PPE	6738(a)				10. Containers Secured	6672(b)		
		11. MB - Recordkeeping	6784(b)				11. Storage Area Posted, "Warning/Danger"	6674		
		Haz Com / Training Program					12. Pesticide Containers Properly Labeled	6676		
		12. Haz. Communication / Handler	6723				13. Service Container Labeling	6678		
		13. App. Specific Info / Handler	6723.1				14. Proper Containers	6680		
		14. Trainer Qualified	6724(f)							
		15. Written Program	6724(e)							
		16. Handler Training	6724(e-e)				TOTAL	TOTAL		
		17. Hazard Communication / FW	6761				D. PEST CONTROL ADVISER RECORDS INSPECTION			
		18. Application Specific Info / FW	6761.1				Number Records Inspected _____			
		19. Field Worker Training	6764				REQUIREMENTS			
		Respiratory Protection Program	6739					Section	COMPLIANCE	
		20. Written Program	(e),(p)					YES	NO	N/A
		21. Medical Evaluation	(d),(s)				1. PCA Licensed	12001		
		22. Fit Test Records	(e),(p)				2. PCA Registered in County	12002		
		23. Respirators Inspected	(j)(1)				3. Recommendations in Proper Categories	12054		
		24. Respirator Storage	(h)(4)				4. Required Information / Copies Furnished	12003		
		25. Voluntary Use Display	(b)(2)				5. Recommendations Retained / 1 year	12004		
		Medical Supervision Program	6728				6. Recommendation Criteria	6556		
		26. Use Records Retained / 3 years	(e)				7. Complies with Pesticide Labeling	12971		
		27. Drs. Agreement Available / 3 yrs	(b)				8. Safety of Employed Persons	6720(d)		
		28. Records / 3 years	(c)				TOTAL	TOTAL		
		29. Medical Supervision Posting	(c)(5)				COMPLIANCE ACTIONS:			

Valid Restricted Materials Permit 3CCR 6412 (Add some bullets with information)



Notice Prior to Application 3CCR 6618



8/20/2022
Field 10
2,4-D Amine
EPA Reg #
Active Ingredient
Spray adjuvants
REI



Application Completion Records

3CCR 6619

Notice must include:

1. Location of property, site id #, and acreage treated;
2. Pesticide product name(s), US EPA reg #(s) and active ingredient(s);
3. Spray adjuvant product name(s) and Ca registration #(s), if applicable;
4. The date and hour the application was completed; and
5. The applicable reentry and pre-harvest intervals unless a copy of a written recommendation for the subject application made by a licensed agricultural pest control adviser, properly completed, was given to the operator of the property treated.



Operator ID Number Obtained 3CCR 6622



CalAgPermits

Log In

User Name:

Password:

Log In

Version 1.3.2

[I forgot my password](#)

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What is Ag Use?

Agricultural and Non-Agricultural Pest Control Use, Continued

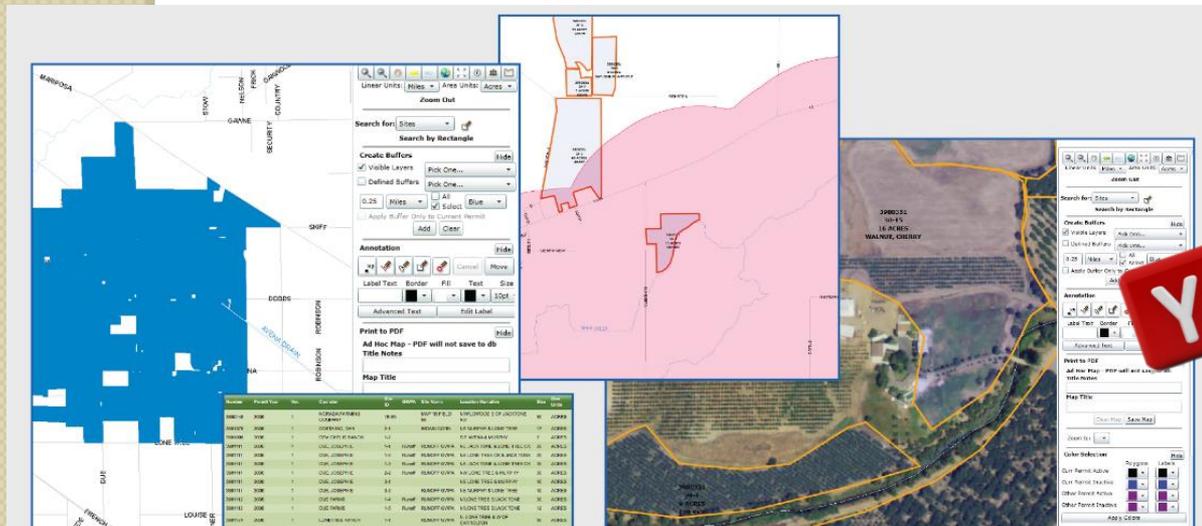
Production Agricultural Use*:

- Apiaries
- Aquaculture
- Christmas tree production
- Crop production (orchards, groves, fields)
- Crops grown for seed
- Drying product in the field
- Egg production
- Feed and forage
- Field packing
- Fish production
- Flowers (cut and sold)
- Forests/timber production
- Greenhouse/nursery/mushroom production
- Livestock production (meat)
- Milk production
- Post-harvest commodity treatment on the farm
- Poultry production (meat/eggs)
- Preplant soil treatments
- Rangeland and pasture
- Research (production)
- Tree hole fumigation
- Turf (grown for sod)
- Washing produce in the field

Site ID/Permit Kept/2 Years 3CCR 6623

The permit shall include:

- (1) The name and address of the operator of the property;
- (2) The operator identification number;
- (3) The location, description, or map of the site(s) where the pest control will be performed;
- (4) A site identification number for each site where the pest control will be performed; and
- (5) The date of issuance of the site identification number(s).



2
YEARS

Pest. Use Rec. Available/2 Years 3CCR 6624

**DEPARTMENT OF PESTICIDE REGULATION
PRODUCTION AGRICULTURE MONTHLY PESTICIDE USE REPORT**

16706

December 1998
MONTH 1 YEAR 2

NURSERY 3 Page 1 of 1

OPERATOR (D/PERMIT NO.) 49984-90-901 OPERATOR (GROWER) Petaluma Mushroom Farm ADDRESS 8782 Thompson Ln CITY Petaluma ZIP CODE 94952

SITE ID NO. 21 TOTAL PLANTED ACREAGE/UNITS 10,000 SQ FT COUNTY NO. 49 SECTION 22 TOWNSHIP 5 RANGE 7E BASE & MERIDIAN 15 S M H

COMMODITY/SITE TREATED Mushrooms Houses FIELD LOCATION Statione

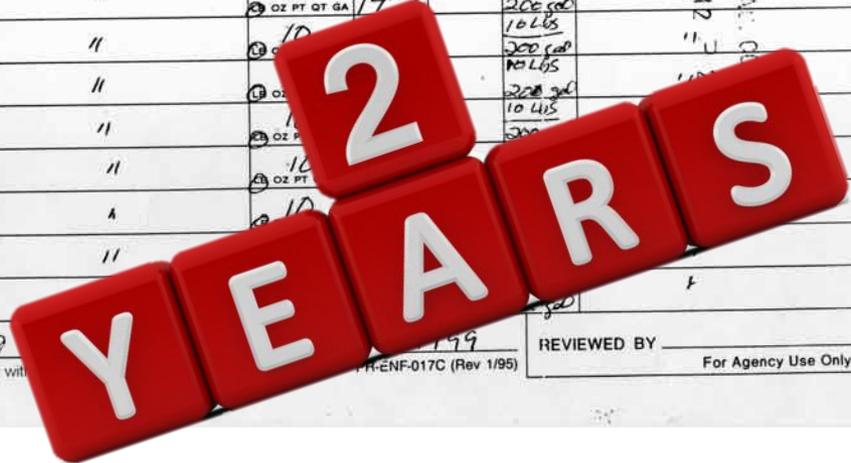
CHEMICAL NUMBER	DATE/TIME APPLICATION COMPLETED	ACREAGE/UNITS TREATED	APP. METH. (CHECK ONE)	BLOCK ID (IF APPLICABLE)	EPA/CALIF. REG. NO. FROM LABEL	TOTAL PRODUCT USED (CIRCLE ONE UNIT OF MEASURE)	DAYS REENTRY	RATE PER ACRE	DILUTION	PRODUCT/MANUFACTURER
21	22	23	24	25	26	27	28	29	30	31
	12-2-98 5Pm 7Am	TRAY RM 16,000 SQ FT	GR AIR		100-460-34-704	10 OZ PT QT GA	14 HRS		10 LBS 200 gal	Diazinon
	12-3-98 5Pm 7Am	Rm # 5 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA	14 HRS		10 LBS 200 gal	"
	12-5-98 5Pm 7Am	Rm # 12 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA	14 HRS		10 LBS 200 gal	"
	12-7-98 5Pm 7Am	TRAY RM 16,000 SQ FT	GR AIR		"	10 OZ PT QT GA	14 HR		10 LBS 200 gal	"
	12-9-98 5Pm 7Am	TRAY RM 16,000 SQ FT	GR AIR		"	10 OZ PT QT GA	14 HRS		10 LBS 200 gal	"
	12-10-98 5Pm 7Am	Rm # 4 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA	14 HRS		10 LBS 200 gal	"
	12-12-98 5Pm 7Am	Rm # 14 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA	14 HRS		10 LBS 200 gal	"
	12-14-98 5Pm 7Am	TRAY RM 16,000 SQ FT	GR AIR		"	10 OZ PT QT GA			10 LBS 200 gal	"
	12-16-98 5Pm 7Am	Rm # 13 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA			10 LBS 200 gal	"
	12-17-98 5Pm 7Am	Rm # 10 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA			10 LBS 200 gal	"
	12-19-98 5Pm 7Am	TRAY RM 16,000 SQ FT	GR AIR		"	10 OZ PT QT GA			10 LBS 200 gal	"
	12-21-98 5Pm 7Am	TRAY RM 16,000 SQ FT	GR AIR		"	10 OZ PT QT GA			10 LBS 200 gal	"
	12-23-98 5Pm 7Am	Rm # 1 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA			10 LBS 200 gal	"
	12-24-98 5Pm 7Am	Rm # 7 7,000 SQ FT	GR AIR		"	10 OZ PT QT GA			10 LBS 200 gal	"

REPORT PREPARED BY *Edward B* 1998
Submit to Agricultural Commissioner with *199*

REVIEWED BY _____ For Agency Use Only

(1) CAC

1804



Pest. Use Reports Submitted 3CCR 6626/7

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
DPR-PML-017C (REV. 08/15) Page 1 of 2

PRODUCTION AGRICULTURE MONTHLY PESTICIDE USE REPORT

Submit to the Agricultural Commissioner within 10 days of the month following application.

Month ¹ _____ Year ² _____

Operator ID/Permit No. ³ _____ Operator (Grower) ⁴ _____ Address ⁵ _____ City ⁶ _____ Zip Code ⁷ _____

Site Identification No. ⁸ _____ Total Planted Acres/Units ⁹ _____ County Number ¹⁰ _____ Section ¹¹ _____ Township ¹² _____ Range ¹³ N S E W Base & Meridian ¹⁴ S M H

Commodity/Site Treated ¹⁵ _____ Field Location ¹⁶ _____

Date/Time Application Completed ¹⁷	Acres/Units Treated ¹⁸	Pre-plant (if Applicable) ¹⁹	Application Method (Check One) ²⁰	Block ID (if Applicable) ²¹	EPA or State Registration Number (From Label) ²²	Total Product Used ²³	Days Reentry ²⁴	Rate Per Acre ²⁵	Dilution ²⁶	Product and Manufacturer ²⁷
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				

Report Prepared By _____ Date _____ Reviewed By _____

For Agency Use Only

Distribution: (1) CAC; (2,3) Applicator SUBMIT TO AGRICULTURAL COMMISSIONER WITHIN 10 DAYS OF MONTH FOLLOWING APPLICATION

MONTHLY SUMMARY PESTICIDE USE REPORT

DPR-PML-060 (REV. 8/15) PAGE 1 OF 2

INSTRUCTIONS FOR COMPLETING THIS FORM ARE INDICATED BELOW AND ON THE REVERSE SIDE

OPERATOR (FIRM NAME)		ADDRESS	CITY	ZIP CODE	PHONE NUMBER
OPERATOR ID/PERMIT NUMBER	LICENSE NUMBER	COUNTY WHERE APPLIED	COUNTY NUMBER	MONTH/YEAR OF USE	TOTAL NUMBER OF APPLICATIONS

1. Complete Columns A, B, C, and D for All Users**2. Complete Column E by using one of the following codes:**

Code 10 - Structural Pest Control.....includes any pest control work performed within or on buildings and other structures.

Code 30 - Landscape Maintenance Pest Control.....includes any pest control work performed on landscape plantings around residences or other buildings, golf courses, parks, cemeteries, etc.

Code 40 - Right-of-Way Pest Control.....includes any pest control work performed along roadsides, power lines, median strips, ditch banks, and similar sites.

Code 50 - Public Health Pest Control.....includes any pest control work performed by or under contract with State or local public health or vector control agencies.

Code 70 - Marijuana.....includes any pest control for work performed on or around marijuana.

Code 80 - Vertebrate Pest Control.....includes any vertebrate pest control work performed by public agencies or work under the supervision of the State or county agricultural commissioner.

Code 91 - Commodity Fumigation (Nonfood/Nonfeed).....includes fumigation of nonfood/nonfeed commodities such as pallets, dunnage, furniture, burlap bags, etc.

Code 100 - Regulatory Pest Control.....includes any pest control work performed by public employees or contractors in the control of regulated pests.

3. Complete Columns F and G, if use does not fit one of the above codes

A	B	C	D	E	F	G
MANUFACTURER AND NAME OF PRODUCT APPLIED	EPA/CALIFORNIA REGISTRATION NUMBER FROM LABEL INCLUDE ALPHA CODE	TOTAL PRODUCT USED (Check One Unit of Measure)	NUMBER OF APPLICATIONS	CODE	COMMODITY OR SITE TREATED	ACRES/UNITS TREATED
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				

REPORT PREPARED BY _____

DATE _____

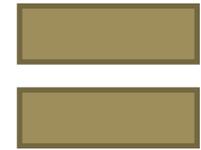
Distribution: CAC - Two copies; Report preparer - One copy

Print Form

Emergency Medical Care Planned 3CCR 6726/66



Change Area 3CCR 6732



Proper Storage of PPE

3CCR 6738(a)



MB – Recordkeeping 3CCR 6784(b)



Haz. Communication/Handler/Field Worker Training 3CCR 6723/6761

SAFETY Information

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

A No. 8

Safety Rules for Pesticide Handlers on Farms

The pesticide label, your training, and this leaflet, tell you about pesticide dangers at work.

Your employer must teach you how to use pesticide safely and how to protect yourself when you use them. Pesticides are chemicals that are used to control unwanted insects, weeds, and plant diseases.

EMPLOYERS: This is the hazard communication leaflet for pesticide handlers. Fill in the blank lines in this leaflet and display this handout at the employee's worksite.

Emergency medical care

Your employer must make plans for emergency medical care before you start working with pesticides. If you think that pesticides made you sick or hurt you at work, tell your employer. They must make sure that you are taken to a doctor right away.

DO NOT TAKE YOURSELF.

Emergency medical care is available at (address and telephone number):

PESTICIDE SAFETY Information

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

A No. 9

Pesticide Safety Rules For Farmworkers

The pesticide label, your training, and this leaflet, tell you about pesticide dangers at work. Your employer must know and help you learn about the pesticides used where you work, and how to protect yourself. Pesticides are chemicals that are used to control unwanted insects, weeds, and plant diseases.



Trainer Qualified 3CCR 6724(f)

CERTIFIED



Written Program 3CCR 6724(a)

WRITTEN TRAINING PROGRAM

Employer Name: _____

Trainer's Name: _____

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

Training Materials:

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

1. _____
2. _____
3. _____
4. _____

Pesticide labeling from the following products:

Pesticide Safety Information Series (PSIS) leaflets used:

Materials Safety Data Sheets (MSDS) for the following products:

Handler Training

3CCR 3724(b-e)

Pesticide Handler Training Program PESTICIDE SAFETY TRAINING RECORD

Print EMPLOYEE'S Name: _____
 EMPLOYEE'S Signature: _____
 Print EMPLOYER'S Name: _____
 Print TRAINER'S Name: _____
 Trainer's License/Certification: _____
 Written Training Program: _____

Active Ingredients				
Annual Training				

ASSIGNED JOB DUTIES (See attached)

- Mixer/ Loader
- Applicator
- Service/ Repair
- Flagger
- Other

Trainer Initials: _____
 Employee Initials: _____

**Subjects as Specified in Title 3 of California Code of Regulations,
 Temas como especificado en el titulo 3 del código de reglamentos de California**

1	Format and meaning of information, such as precautionary statements about human health hazards, contained in pesticide product labeling. <i>El significado y formato de la información, tal como declaraciones de precaución para la salud humana, contenidas en el etiquetado de pesticidas.</i>				
2	Applicator's responsibility to protect persons, animals, and property from pesticides; and not to apply pesticides in a manner that creates unnecessary hazards involved in the application process. <i>Responsabilidad del aplicador para proteger a las personas, animales y propiedades de los pesticidas; y no aplicar pesticidas de una manera que resulte en peligros innecesarios directamente al proceso de la aplicación.</i>				
3	Need for, limitations, appropriate use, removal, and sanitization of personal protective equipment. Necesidad, limitaciones, uso apropiado, retiro y desinfectar de cualquier equipo de protección, personal requerido.				
4	Safety requirements and procedures, including engineering controls (such as closed mixing systems and enclosed cabs) for handling, transporting, storing, disposing of pesticides, and spill clean-up. Requisitos de seguridad y procedimientos, incluyendo controles de ingeniería como sistemas de mezcla cerrados y cabinas cerradas para el manejo, transporte, almacenamiento, eliminación de los pesticidas y limpieza de derrames.				
5	Where and in what forms pesticides may be encountered, including treated surfaces, residues on clothing, personal protective equipment, application equipment, and drift. <i>Donde y en qué forma puede tener un encuentro con pesticidas, incluyendo las superficies tratadas en el campo, residuos en la ropa, equipo de protección personal, equipo de aplicaciones y de quimigación, agua de riego y deriva de pesticida.</i>				
6	Hazards of pesticides, including acute, chronic, and delayed effects, and sensitization effects, as identified in pesticide product labeling, Safety Data Sheets, or Pesticide Safety Information Series leaflets. <i>Peligros de los pesticidas, incluyendo efectos agudos, crónicos y tardíos y efectos de sensibilización, como identificados en las etiquetas de pesticidas, las fichas de datos de seguridad y</i>				



Respiratory Written Program

3CCR 6739(a),(p)

ORGANIZATION

Respiratory Protection Program

INTRODUCTION

ORGANIZATION'S respiratory protection program to conform to the requirements in Title 3 of the California Code of Section 6739 (3 CCR Section 6739). General employee information on protection is available in the Pesticide Safety Information Series A- (Department of Pesticide Regulation).

PURPOSE

The purpose of this program is to protect the employees of **ORGANIZATION** 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
- Medical evaluation
- Fit testing
- Proper use for routine and emergency
- Maintenance, cleaning and care
- Ensure breathing air quality
- Training in respiratory hazards (IDLH if applicable)
- Training in donning, doffing, limitations
- Program evaluation



Respiratory Medical Evaluation

3CCR 6739 (d),(s)

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



Respiratory Fit Test Records

3CCR (e), (p)

Appendix One

Respirator Fit Test Record for _____ (ORGANIZATION)



ID Number: _____ Date of Test: _____

Employee Last Name: _____

Employee First Name: _____

Age: _____ Sex: _____

Trainer: _____

Respirator Name: _____ Size/Type: _____

Tests Used:

--	--	--



(This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)

Respirators Inspected 3CCR 6739 (j)(1)

THE FILTER MUST BE REPLACED WHEN:

1. The directions on the pesticide label say so.
2. The respirator maker says it should be replaced.
3. If you notice a smell, taste, or irritation.
4. At the end of each workday.

Follow the rule that replaces the filter soonest.

Who takes care of the respirator?

Respirators should be cleaned and inspected regularly by a person who is trained to do so. Do not use someone else's respirator. Each worker should have their own respirator or you use respirators that can be thrown away after one use.

When respirators are broken, your employer must fix them. If they cannot be fixed, your employer must get new ones.

Store respirators and all personal protective equipment away from pesticides. They need to be protected from dust, sunlight, and big changes in temperature. Water or certain chemicals can also damage the filters or cartridges. Other chemicals can damage the mask itself. Respirators should be stored so the face piece does not become bent. Hard plastic containers with air tight lids are good storage containers for respirators.



Respirator Storage

3CCr 6739 (h)(4)



Voluntary Use Display

3CCR 6739 (b)(2)

Appendix Four

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.



POSTED

Medical Supervision – Dr. Agreement Available 3CCR 6728(b)

New Medical Supervisor - Employer Relationship

(Medical Supervisor sends to employer after receipt of request for services)

To: _____
(First and Last Name)

Company Name _____

Address _____

You have requested that I provide medical supervision to your employees that handle cholinesterase inhibiting pesticides requiring such supervision, as described in the Pesticide Safety Regulations (Section 6728, Title 3, California Code of Regulations). This involves testing for cholinesterase activity in red blood cells and plasma as outlined below.

The employees covered by this regulation are workers engaged in production agriculture who “regularly handle” specific pesticides. The specific pesticides are organophosphates and carbamates in Toxicity Categories I or II. They have the signal word “DANGER” or “WARNING” respectively on the label. “Regularly handle” is defined as working with the pesticide during any part of a day for more than six days in any 30 consecutive day qualifying period.

If you intend to have an employee regularly handling these pesticides as a mixer, loader, ground or aerial applicator, or flagger, *it is your responsibility* to do the following:

1. **Before pesticide exposure begins**, have that employee come to me for an examination and at least two blood cholinesterase activity tests at least three days apart. The purpose of this first series of tests is to establish a baseline before exposure begins. If an employee has had any recent exposure to such pesticides, further exposures shall be avoided for as long as practicable, preferably at least 30 days before the baseline testing period begins.

It is required that employees have their baseline verified every two years

<http://oehha.ca.gov/media/downloads/pesticides/document-pesticides/physicianguidelines5thedition2015final.pdf>

Medical Supervision – Records Retained / 3 yrs. 3CCR 6728(c)

Department of Pesticide Regulation's Pesticide Use Report

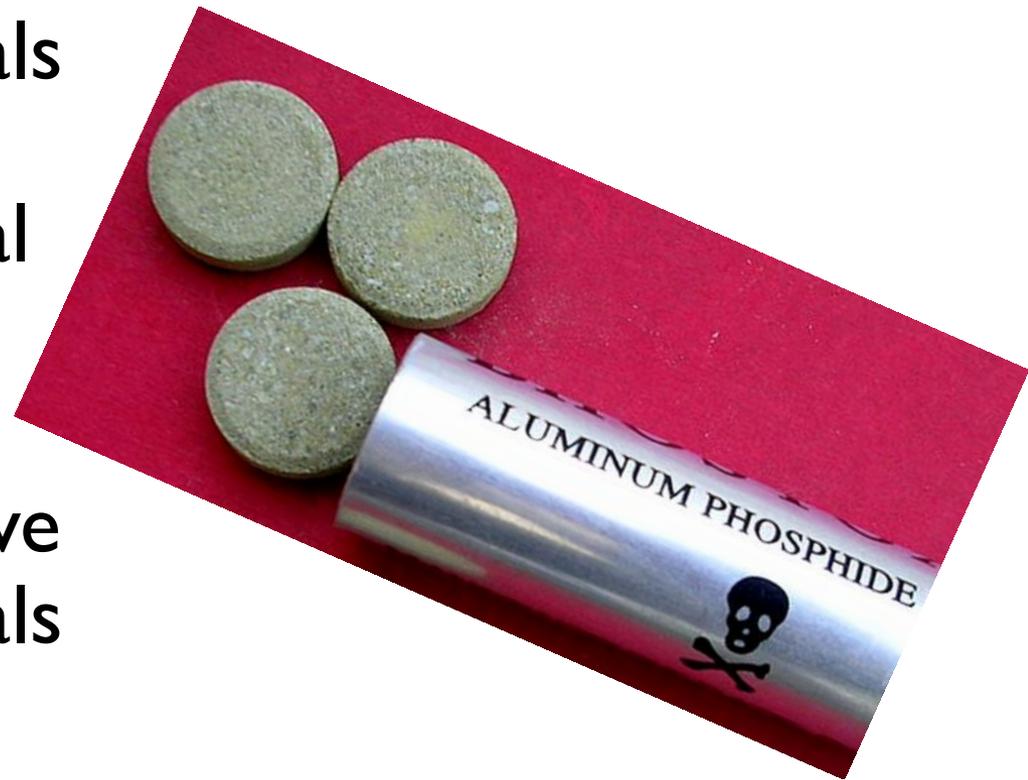
AI	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
3-IODO-2-PROPYNYL BUTYL CARBAMATE	<1	<1	0	0	0	0	0	0	0	<1
ACEPHATE	283,563	240,132	217,397	221,781	204,824	195,507	163,909	142,474	152,303	112,251
ALDICARB	329,553	297,244	244,786	262,103	231,012	230,409	176,624	115,088	75,767	31,529
AZINPHOS-METHYL	185,055	163,121	151,612	213,892	50,562	55,179	38,775	25,418	16,269	13,045
BENDIOCARB	593	62	32	23	9	6	2	8	2	<1
BENSULIDE	216,442	186,908	192,220	228,739	237,290	246,396	284,533	258,164	244,526	230,977
BUTYLATE	32,658	27,640	19,412	26,826	20,323	9,923	2,671	945	27	0
CARBARYL	363,961	286,199	256,098	205,102	240,135	190,633	157,000	142,010	126,665	130,981
CARBOFURAN	132,427	95,863	81,486	49,276	30,354	28,093	25,790	24,306	16,389	9,599
CHLORPROPHAM	3,544	3,504	1,380	6,191	2,861	2,822	3,704	1,532	4,384	4,134
CHLORPYRIFOS	2,094,764	1,673,097	1,419,665	1,545,670	1,778,342	2,006,062	1,922,547	1,430,082	1,368,555	1,235,481
COUMAPHOS	152	97	62	64	63	1	3	<1	0	0
CYCLOATE	37,416	31,785	34,387	30,012	43,209	39,709	41,447	31,344	21,242	24,240
DDVP	12,714	12,833	8,477	3,446	3,807	4,914	6,577	6,376	6,859	4,140
DEMETON	2	3	42	<1	0	1	<1	1	0	2
DESMEDIPHAM	6,694	3,750	3,398	3,636	3,842	3,921	2,954	1,902	1,598	1,248
DIAZINON	1,058,923	999,578	690,375	523,957	492,148	398,620	385,923	350,730	258,544	141,366
DICROTOPHOS	0	2	27	41	0	2	6	0	0	0
DIMETHOATE	396,462	285,548	309,371	294,368	332,049	310,502	294,027	314,056	292,119	250,979
DISULFOTON	76,201	51,545	54,567	46,815	41,317	31,799	22,601	23,850	8,028	8,330
EPTC	323,613	276,724	253,634	141,552	182,532	181,825	108,209	152,707	129,470	116,031
ETHEPHON	734,838	620,075	538,403	574,377	637,205	642,137	584,613	427,248	296,421	202,123
ETHION	0	5	12	13	<1	261	13	0	2	28
ETHOPROP	16,119	19,046	16,531	28,419	23,130	18,924	24,485	24,241	26,897	19,735
FENAMIPHOS	104,537	66,330	70,939	59,421	58,691	46,336	33,511	39,677	17,482	11,458
FENTHION	33	61	79	3	36	15	2	4	4	9
FONOFOS	4,370	580	465	182	30	15	0	0	1	0
FORMETANATE HYDROCHLORIDE	43,941	45,280	35,798	28,420	30,651	30,684	33,738	33,694	44,704	32,571
MALATHION	505,699	554,872	624,604	654,155	492,548	423,529	410,866	461,200	484,228	528,196
METHAMIDOPHOS	76,865	46,615	30,645	36,987	31,332	37,806	30,570	18,867	24,224	17,934
METHIDATHION	97,722	93,521	68,389	54,398	61,204	48,857	56,691	45,633	47,203	47,194
METHIOCARB	2,420	2,265	1,858	2,256	2,789	2,313	1,798	1,749	2,068	3,037
METHOMYL	555,444	378,131	295,237	359,050	262,195	347,010	317,302	305,071	251,382	220,860
METHYL PARATHION	75,075	59,620	53,955	73,365	71,525	78,821	84,785	75,368	34,110	25,357
MEVINPHOS	539	393	40	114	1	160	18	30	4	4
MEVINPHOS, OTHER RELATED	301	249	23	76	<1	107	12	20	3	2
MEXACARBATE	0	0	0	0	0	0	0	0	0	0

Medical Supervision – Medical Sup. Posting 3CCR 6728(c)(5)

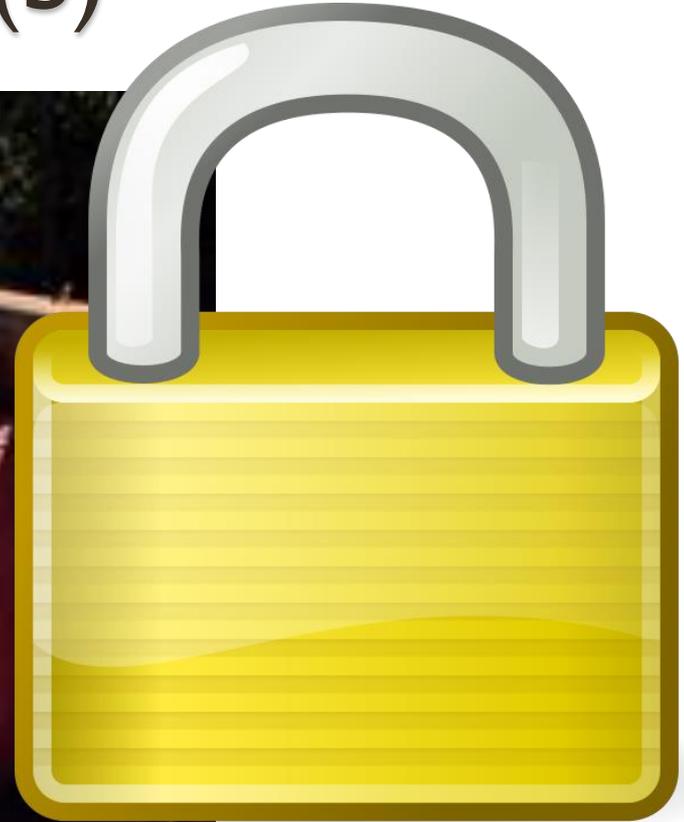


Pesticide Storage – Possession Permit for Storage 3CCR 6412

- Must have a restricted materials permit to store restricted material
- May be an issue if you switch to an OP-Id and still have restricted materials in your storage shed



Pesticide Storage – Containers Secured 3CCR 6672(b)



Storage Posted, “Warning/Danger” 3CCR 6674



Containers Labeled / Closure

3CCR 6676

- Registrant's label
- Lids securely tightened
- When stored or transported



Service Container Labeling

3CCR 6678



Proper Containers

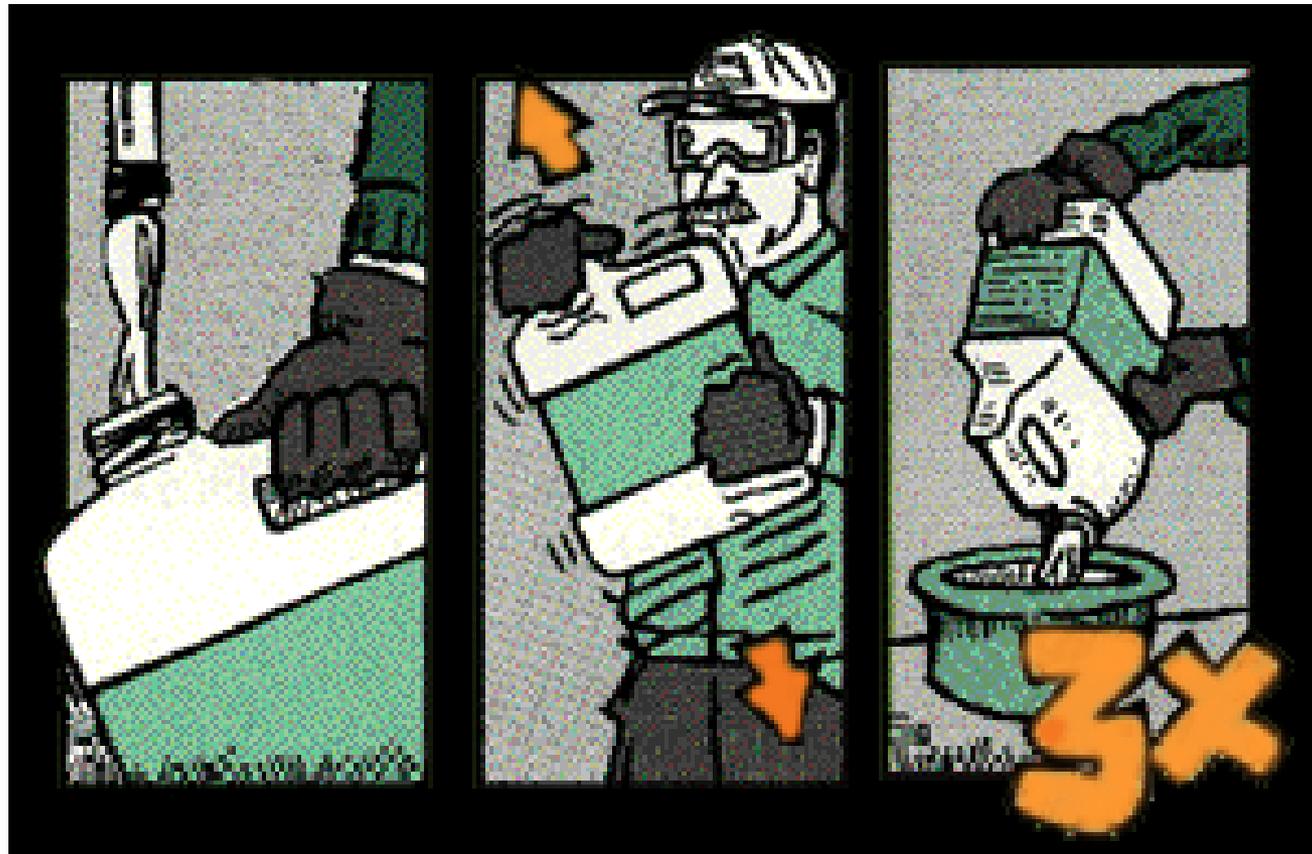
3CCR 6680

- In no case shall a pesticide be placed or kept in any container of a type commonly used for food, drink or household products.



Container Properly Rinsed

3CCR 6684



For more information contact us

<http://www.agsafe.org>

209-526-4400

