

PUT SAFETY INTO PRACTICE !

PESTICIDE APPLICATOR TRAINING EVALUATION

We want to know if Delaware's Pesticide Applicator Training is meeting your needs. Your response on this form will help us design better educational programs. Thanks for your help.

In the space below:

1. Describe the pesticide handling activity in your work that is the most hazardous to you.
2. List 3 new safety practices you can use to prevent exposure during this hazardous activity.
3. Keep the pink copy for your files. Give the yellow and white copies to the trainer.

1. The most hazardous pesticide activity in my job is:

2. Three new safety practices that will prevent pesticide exposure during this hazardous activity are:

- a. _____
- b. _____
- c. _____

(Do not mark in this space)

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Used at least once |
| <input type="checkbox"/> | Adopted routinely |
| <input type="checkbox"/> | Used at least once |
| <input type="checkbox"/> | Adopted routinely |
| <input type="checkbox"/> | Used at least once |
| <input type="checkbox"/> | Adopted routinely |

Name _____

Address _____

City/State _____

Zip code

Phone _____

CONFIDENTIAL INFORMATION