

# 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. \_\_\_\_\_

Pesticide labeling from the following products:

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**Pesticide Safety Information Series (PSIS) leaflets used:**

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

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