

**WORKER PROTECTION STANDARD
SELF EVALUATION**

The following form may be used to self-evaluate your particular agricultural establishment to determine whether your establishment is in compliance with the Environmental Protection Agency's (EPA), Worker Protection Standard (WPS).

If you answer NO or UNSURE to any portion of the Self Evaluation, your establishment may not be in compliance with the WPS or the Arizona Department of Agriculture's Worker Safety requirements. The Agricultural Consultation and Training (ACT) Program provides compliance assistance in a non-regulatory, non-enforcement mode at no charge to you. ACT will be happy to assist you in complying with these requirements by answering your questions either by telephone or conducting an intensive On-Site Visit at your establishment and then providing a written report recommending the needed corrections. For more information or for a consultation, please contact one of the following individuals listed below.

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When completing this Self Evaluation, if you are unsure of a meaning associated with a particular word, at the end of this form there is a list of definitions as they relate to the WPS and ADA's Worker Safety requirements.

WORKER PROTECTION STANDARD SELF EVALUATION

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

INFORMATION AT A CENTRAL LOCATION	YES	NO	UNSURE
Pesticide Application List?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Application List include the following:			
<i>Product name?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>EPA Registration number?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Active ingredient(s) of the product?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Time and date of scheduled application?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Restricted-entry interval (REI) for the product?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Location and description of the treated area?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the location and description of the treated area allow workers/handlers to distinguish the treated area from other non-treated areas on the establishment?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPA Pesticide Safety Poster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If not an EPA pesticide safety poster, does the safety poster include all of the required information?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the emergency information include the name, telephone number and address of the nearest medical facility?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the posted information:			
<i>Legible?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Accessible?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Current?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are workers informed of the Central Location, which should contain the safety poster or required information, emergency information and notice of pesticide applications made within the last 30 days, including any restricted entry interval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

PESTICIDE SAFETY TRAINING FOR HANDLERS	YES	NO	UNSURE
Is the pesticide handler an employee of:			
<i>The agricultural establishment?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A commercial handling establishment?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has/is the handler:			
<i>Been trained within the last three years as a WPS handler?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Currently a certified applicator of restricted-use pesticides?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Completed an approved pesticide train-the-trainer program?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the handler have:			
<i>A current certified applicator certification card?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A current WPS handler card?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A trainer agreement?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the handler does not possess any of the above described cards or trainer agreement, who provides the training?			
<i>A certified applicator?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A trainer of certified applicators?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A pesticide handler?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are some of the training materials approved by EPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the handler receive information about the labeling requirements such as safe use of the pesticides, personal protective equipment (PPE) requirements from the agricultural employer, and have access to the pesticide labeling during the entire handling task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the handler read the label or been informed in a manner in which they may fully understand all directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the handler been properly instructed by their employer on how to safely and correctly use all of the pesticide handling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

PESTICIDE SAFETY TRAINING FOR HANDLERS (cont'd)	YES	NO	UNSURE
Do all handlers who enter a treated area, for which an REI is in effect or has expired within the past 30 days, receive basic pesticide safety training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employer ensure:			
<i>The handlers wear all personal protective equipment (PPE) required by the pesticide label during the application?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The PPE is clean and is in proper working condition?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The PPE is correctly worn by the handler for intended use?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all of the PPE, required by the pesticide label for mixing and loading pesticides, made available when using:			
<i>Closed mixing systems?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Enclosed cabs?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the appropriate PPE used when applying pesticides by air in:			
<i>An open cockpit?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A closed cockpit?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

PESTICIDE SAFETY TRAINING FOR WORKERS	YES	NO	UNSURE
Is the worker an employee of:			
<i>The agricultural establishment?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A labor contractor?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all workers who enter a treated area for which an REI is in effect or has expired within the past 30 days:			
<i>Receive basic pesticide safety training before entry?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Receive complete WPS training no more than 5 days after their initial employment?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the workers have:			
<i>A current certification card?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A current WPS worker card?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A trainer card?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the workers do not possess any of the above described cards, who provides the training?			
<i>A certified applicator?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A trainer of certified applicators?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A pesticide handler?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A person who has completed the Train-the-Trainer Program?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the training materials:			
<i>Approved by EPA?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are some of the materials approved by EPA?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

DECONTAMINATION SITES FOR HANDLERS	YES	NO	UNSURE
Is a decontamination site on the site where the mixing and loading is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is each decontamination site equipped with:			
<i>Soap?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Single use towels?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A clean change of clothing?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sufficient water for entire body wash?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Running tap water, water in a container or a natural body of water that could be used in an emergency?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(or)			
If pesticide labeling requires protective eye wear, does the handler have immediate access to:			
<i>At least one pint of eye flush water or running water?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the handlers have a non-pesticide contaminated location to remove their PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECONTAMINATION SITES FOR WORKERS	YES	NO	UNSURE
Is a decontamination site accessible to the workers:			
<i>Within 1/4 mile from where they are working?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is each decontamination site equipped with:			
<i>Soap?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Single use towels?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A clean change of clothing?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sufficient water for routine washing? (1 gallon per worker is recommended)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

DECONTAMINATION SITES FOR EARLY ENTRY WORKERS	YES	NO	UNSURE
Is a decontamination site accessible to the early-entry workers:			
<i>Within ¼ mile from where they are working?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Located out of the area that remains under an REI?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is each decontamination site equipped with:			
<i>Soap?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Single use towels?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A clean change of clothing?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sufficient water for a thorough washing?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A clean change of clothing?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If pesticide labeling requires protective eye wear, is it provided to the early entry workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the early entry workers have a pesticide-free location to remove their PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

EMPLOYER INFORMATION EXCHANGE	YES	NO	UNSURE
If commercial pesticide handlers are applying the pesticides, is the agricultural establishment notified of pending pesticide applications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the commercial handler inform the agricultural employer about:			
<i>The specific location and areas that are to be treated?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time and date of scheduled application?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The product name, EPA Registration Number, active ingredients, and restricted-entry interval?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Whether the pesticide labeling requires both oral warnings and treated-area posting?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Any other specific requirements on the labeling?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agricultural employer inform the commercial handler about:			
<i>The specific location and areas that have been treated or that are still under an REI?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Restrictions on entering those areas?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all individuals, even those who are not your employees, who perform work on contaminated equipment (tractors, water pumps, sprayers, aircraft) notified of potential exposure to pesticides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

NOTICE OF APPLICATIONS ~ GENERAL	YES	NO	UNSURE
Does the agricultural employer/handler take precautions during pesticide applications so that no one is contacted directly or through drift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all persons except appropriately trained and equipped handlers kept out of areas being treated with pesticides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When handling a highly toxic pesticide, or a pesticide bearing the skull and crossbones symbol on the label, is the handler monitored:			
<i>Once every two hours by sight?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>By voice communication, every two hours?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(or)</i>			
Are workers informed about pesticide applications and any restricted entry interval by:			
<i>Verbal warning?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Posted signs?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Both, if the pesticide label requires it?</i>			
<i>If the warning was verbal, was the warning given before the application of pesticides?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>When workers first arrived at the establishment?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(or)</i>			
If pesticide labeling requires posting and verbal notification or you choose posting as your form of notification:			
<i>Can the signs be seen at all entrances to treated areas?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were EPA approved signs used?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were they legible?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were they 14 inches by 16 inches</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were they posted during the applications and entire REI?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were they removed within 3 days after the expiration of the REI?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were they removed prior to a worker entry?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were they posted at all usual points of entry to the treated area?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were they posted in the corners of the treated area if there are no usual points of entry?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(or)</i>			

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

NOTICE OF APPLICATIONS ~ GENERAL (STATE SPECIFIC)	YES	NO	UNSURE
* Does the employer or his designee post those pesticides having an REI of 48 hours or greater on the following crops:			
<i>Broccoli?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cauliflower?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Celery?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Flowers?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Grapes?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lettuce?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Nectarines?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ornamentals?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Peaches?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Plums</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Strawberries</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* = *State specific requirement only*

NOTICE OF APPLICATIONS ~ NURSERIES AND GREENHOUSES	YES	NO	UNSURE
Were workers prohibited from entering the treated area and any required buffer area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a fumigant is being applied, is the handler monitored by another handler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a handler monitored by constant visual contact or voice contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was ventilation criteria met (when required by the label) before handlers/workers were allowed to enter the treated area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

NOTICE OF APPLICATIONS ~ EARLY ENTRY ACTIVITIES	YES	NO	UNSURE
If hand labor early entry activities are required, has an Agricultural Emergency Exception been declared by a government agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was it a:			
<i>State?</i>	<i>(or)</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Tribe?</i>	<i>(or)</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Federal agency?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has each early-entry worker been informed about the safety information and instructions on the labeling of the pesticide to which the REI applies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you assure that the early entry worker was informed in a manner in which they could understand the information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the early-entry workers instructed on how to prevent, recognize and give first aid for heat illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did early entry workers receive instructions on how to correctly put on, use, and take off the PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the workers provided the PPE required by the pesticide for early-entry tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKER PROTECTION STANDARD SELF EVALUATION (cont'd)

Please answer the following questions with either “Yes”, “No”, or “Unsure.”

EXCEPTIONS FOR LIMITED CONTACT ACTIVITIES	YES	NO	UNSURE
Are workers informed of the early entry exception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the task requiring early entry workers unforeseen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is appropriate PPE supplied to early entry workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How soon after the application did workers enter the treated area:			
<i>At least 4 hours after?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>After any inhalation exposure level listed on the label was reached?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there early entry, before REI expiration, into a treated area by workers which:			
<i>Lasted less than 8 hours?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Did not involve hand labor?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROHIBITED ACTIONS	YES	NO	UNSURE
Are all employees encouraged to comply with the Worker Protection Standard requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>