



Arizona Department of Agriculture
 1110 W. Washington Street, Phoenix, AZ 85007
 Phone: (602) 542-3518 • Fax: (602) 542-0466



Worker Protection Standard • Pesticide Safety Training Log

Type of Training: <input type="checkbox"/> Worker <input type="checkbox"/> Handler	Employer's Name: _____	
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Training Location: _____	
Trainer's Name: _____	Certification No.: _____	EPA approval numbers: _____

No.	Trainee's Name / Nombre del Entrenado	Trainee's No. / No. del Entrenado	Signature / Firma	Date of Training / Fecha de Entrenamiento
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By signing below, I certify that all training requirements have been met and that I have issued ADA approved Worker Protection Standard Training Verification Cards, pursuant to Arizona Administrative Code §R3-3-1003, et seq.

Signature: _____