

# Mississippi Department of Agriculture

Bureau of Plant Industry P.O. Box 5207 Mississippi State, MS 39762

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## WORKER PROTECTION STANDARD

### INSPECTION REPORT

DATE:		INSPECTION NUMBER			
OWNER/OPERATOR		FIRM OR PREMISE NAME:			
<b>Inspector Credentials Presented</b>		<b>Federal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>State</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Notice of Inspection Provided</b>		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>A. AGRICULTURAL ESTABLISHMENT INFORMATION:</b>					
<i>Does the WPS Apply to You?, pp. 10–11; Which Establishments Are Covered by the WPS?, p. 14</i>					
Immediate Family Exemption Criteria for Workers and Handlers					
Are ALL the workers and handlers the owner (or majority owner) or immediate family? Exemption applies to: Spouses, Children, Step Children, Foster Children, Grandchildren, Parents, Step Parents, Foster Parents, Grandparents, Fathers-in-law, Mothers-in-law, Aunts, Uncles, Brothers, Sisters, Brothers-in-law, Sisters-in-law, First Cousins Workers: Yes <input type="checkbox"/> Handlers: Yes <input type="checkbox"/> If yes, use Checklist for Immediate Family Exemption.* If no, use this checklist as appropriate. <i>*WPS Exemptions for Agricultural Establishment Owners and Immediate Family Members, p. 123</i>					
<b>B. RECORDS REVIEW</b>					
Pesticide application and SDSs retained on the establishment for 2 years (Check below if retained) 170.311					
Safety Data Sheets <input type="checkbox"/> <i>Recordkeeping: Pesticide Application and Hazard Information, p. 24</i> Product name, registration no. active ingredient <input type="checkbox"/> Crop or site treated <input type="checkbox"/> Location and description <input type="checkbox"/> Date <input type="checkbox"/> Start and end time of application <input type="checkbox"/> Duration of REI <input type="checkbox"/>					
Has WPS pesticide(s) been applied or has an REI been in effect in the past 30 days? Provide up to 3 product names/EPA Registration Numbers/date applied/REI				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Product Name/#	Date Applied	Method of Application	PPE Required	REI	

<p>Safety Training Records retained on establishment for 2 years 170.401(d), 170.501(d)  <i>Pesticide Safety Training, pp. 27–29   Training Pesticide Handlers, pp. 81-82 (CPHE)   non-certified crop advisors, pp. 94, 96</i></p>	
Worker Training Records	Handler Training Records
Current workers trained in past 12 months? Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>	Current handlers trained in past 12 months? Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
Check if records retained: Worker name, signature <input type="checkbox"/> Date of training <input type="checkbox"/> EPA, EPA-approved materials <input type="checkbox"/> Trainer's name <input type="checkbox"/> Qualified trainer <input type="checkbox"/> Name of ag employer <input type="checkbox"/>	Check if records retained: Handler name, signature <input type="checkbox"/> Date of training <input type="checkbox"/> EPA, EPA-approved materials <input type="checkbox"/> Trainer's Name <input type="checkbox"/> Qualified trainer <input type="checkbox"/> Name of ag employer <input type="checkbox"/>
<p>Respirator Safety Records retained on establishment for 2 years (Check below if retained)  170.509(b)(10)</p>	
<p>Handlers received: Medical clearance for _____ respirator <input type="checkbox"/> Fit testing <input type="checkbox"/>  Training <input type="checkbox"/>  <i>Medical Evaluation: Recordkeeping, p. 70; Annual Fit Testing: Recordkeeping, p. 72;  Annual Respirator Training: Recordkeeping, p. 73</i></p>	
<p>Access and Availability of Records 170.311(b)(7) through (9)  <i>Requests for Records of Pesticide Application and Hazard Information, p. 25</i></p>	
<p>Has a worker or handler requested application and hazard information? If yes, was it provided within 15 days of receipt?  Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>  Have treating medical personnel requested application or hazard information? If yes, was it provided promptly?  Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>  Has a properly designated representative requested appropriate application and hazard information? If yes, was it provided within 15 days of request? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>	
<p><b>Minimum Age for Handlers and Early Entry Workers 170.309</b> <i>What Changed in the WPS?, p. 2</i></p>	
<p>Does the agricultural employer employ any handlers that are under 18 years of age (after January 2, 2017)?  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Does the agricultural employer employ any early entry workers that are under 18 years of age (after January 2, 2017)?  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

*Information Displayed at a Central Location: Where must the information be displayed?, p. 21*

<b>C. INFORMATION DISPLAY</b>	Inspector observation <input type="checkbox"/>	Based on interview <input type="checkbox"/>		
<b>Location of the "Central Display"</b>	170.311(a)(5), 170.311(b)(2) and (3)		<b>Yes</b>	<b>No</b>
Has an <b>appropriate</b> central display been established in an area where workers, handlers congregate or pass by and is it accessible during work hours?			<input type="checkbox"/>	<input type="checkbox"/>

*Information Displayed at a Central Location, pp. 21–23*

<b>WPS Safety Information Display 170.311</b>	<b>Yes</b>	<b>No</b>
Is WPS safety information being provided at the central display?		
a) Is the <b>EPA WPS Safety Poster</b> displayed in central display?	<input type="checkbox"/>	<input type="checkbox"/>
b) If Non EPA WPS Poster, are the required safety elements present?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are the name, address and phone number of an emergency medical facility displayed?	<input type="checkbox"/>	<input type="checkbox"/>
d) Are the name, address and phone number of the state/tribal pesticide agency displayed?	<input type="checkbox"/>	<input type="checkbox"/>
e) Is the WPS Safety information easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
f) Is the WPS Safety information legible?	<input type="checkbox"/>	<input type="checkbox"/>

*Information Displayed at a Central Location, pp. 21–22*

<b>Pesticide Application and Hazard Information (SDS) Display 170.311(b)(1)</b>	<b>Yes</b>	<b>No</b>
Are pesticide application information elements (mark below) provided at central location?		
a) Crop or site treated and location and description of treated area?	<input type="checkbox"/>	<input type="checkbox"/>
b) Date(s) and times application started and ended?	<input type="checkbox"/>	<input type="checkbox"/>
c) Pesticide Product Name?	<input type="checkbox"/>	<input type="checkbox"/>
d) Active ingredient(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e) EPA Reg. No.?	<input type="checkbox"/>	<input type="checkbox"/>
f) Re-entry interval (if any)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Safety Data Sheet (SDS) for each pesticide made available?	<input type="checkbox"/>	<input type="checkbox"/>
Is the application and hazard information displayed no later than 24 hours after the end of the applications?	<input type="checkbox"/>	<input type="checkbox"/>
Is the application and hazard information posted for 30 days after application or following the last REI expiration if workers/handlers are present?	<input type="checkbox"/>	<input type="checkbox"/>
Is the application and hazard information easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Is the application and hazard information legible?	<input type="checkbox"/>	<input type="checkbox"/>

*Emergency Assistance, p. 26 | CPHE, p. 80 | non-certified crop advisor, p. 80*

<b>C. Emergency Assistance 170.309(f)</b>	<b>Yes</b>	<b>No</b>
Has a worker or handler experienced potential pesticide exposure during or within 72 hours after employment? If yes, provide information below:	<input type="checkbox"/>	<input type="checkbox"/>
Was emergency transportation provided?	<input type="checkbox"/>	<input type="checkbox"/>
Was emergency information (SDS, circumstances of application and exposure) provided to medical personnel?	<input type="checkbox"/>	<input type="checkbox"/>

*Decontamination Supplies for Workers, p. 48 | non-certified crop advisor, p. 94*

<b>DECONTAMINATION SUPPLIES FOR WORKERS AND HANDLERS</b>			
<b>D. WORKER DECONTAMINATION 170.411</b>			
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are decontamination supplies located within ¼ mile of the work site or nearest site of vehicular access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the decontamination supplies located outside a pesticide treated area under an REI and reasonably accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the appropriate decontamination supplies provided? (check supplies provided) 1 gallon of water provided for each worker at the beginning of work period (and replenished to maintain adequate supply) Yes <input type="checkbox"/> Soap Yes <input type="checkbox"/> Single use towels Yes <input type="checkbox"/>			
If REI is 4 hours or less, are the decontamination supplies provided for 7 days or 30 days if REI is more than 4 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pesticide safety information posted at decontamination site(s)? (if a permanent site or at toilet provided for 11 or more workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>E. HANDLER DECONTAMINATION AND EYEWASH SUPPLIES 170.509</b>				
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>	Yes	No	N/A	
Are decontamination supplies located at mixing sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the pesticide safety information posted at decontamination site(s)? (if a permanent site or at toilet provided for 11 or more workers) <i>Information Displayed at a Central Location: Where must the information be displayed?, p. 21</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For all other handler tasks, are decontamination supplies located within ¼ mile from handler or nearest place of vehicular access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the appropriate decontamination supplies provided? (check supplies provided) 3 gallons of water provided for each handler at the beginning of work period (and replenished to maintain adequate supply) Yes <input type="checkbox"/> Soap Yes <input type="checkbox"/> Single use towels Yes <input type="checkbox"/>				
Do the decontamination supplies include a change of clothes for each handler at the mix/load area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At each mixing/loading site for products requiring eye protection or using a closed system under pressure is there an appropriate eyewash system immediately available to a handler? <input type="checkbox"/> system to deliver gently running water for 15 minutes? <input type="checkbox"/> at least 6 gallons in containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does each handler have at least one pint of water immediately available in a portable container when pesticide label requires eye protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Notification of Entry Restrictions, pp. 42–47*

<b>F. POSTING AND ENTRY RESTRICTIONS</b>			
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>			
For the 3 most recent WPS product applications, how were workers notified of pesticide applications? <input type="checkbox"/> oral warning <input type="checkbox"/> warning signs <input type="checkbox"/> both oral warning & warning signs <input type="checkbox"/> no notification			
<b>POSTING &amp; NOTIFICATION 170.409</b> (complete below as applicable)			
<b>Outdoor Production Area with REI of 48 hours or Less 170.409(a)(1)(iii)</b>	<b>Yes</b>	<b>No</b>	<b>C/D</b>
a. Was oral notification provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Notification included the location of the restriction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notification included the dates and times of the restriction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did notification include instruction about the restriction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the oral notification in language understandable to workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Was the notification provided before the application or at the time a worker begins their work period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Outdoor Production Area with REI Greater Than 48 hours</b> <b>170.409(a)(1)(ii) <i>Notification of Entry Restrictions, pp. 42–47</i></b>	<b>Yes</b>	<b>No</b>	<b>C/D</b>
a. Were posted warning signs used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did signs meet EPA requirements for size and content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate posting locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Posting no sooner than 24 hours but before application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Remained posted until REI expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Signs removed within 3 days or REI expiration? (or employer ensures no entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dual notice pesticide(s): 170.409(a)(1)(i)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Was notification provided both orally and by posting? <i>Notification of Entry Restrictions: Double notification, p. 42</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Enclosed Space Production Area with REI Greater Than 4 hours</b> <b>170.409(a)(1)(iv) <i>Notification of Entry Restrictions, pp. 42–47</i></b>	<b>Yes</b>	<b>No</b>	<b>C/D</b>
a. Were posted warning signs used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did signs meet EPA requirements for size and content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate posting locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Posting no sooner than 24 hours but before application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Remained posted until REI expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Signs removed within 3 days or REI expiration? (or employer ensures no entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Enclosed Space Production Area with REI of 4 hours or Less</b> <b>170.409(a)(1)(v) <i>Notification of Entry Restrictions, pp. 42–47</i></b>	<b>Yes</b>	<b>No</b>	<b>C/D</b>
a. Either oral notification or posted warning signs were used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Notification included the location of the restriction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notification included the dates and times of the restriction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did notification include instruction about the restriction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the oral notification in language understandable to workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Was the notification provided before the application or at the time a worker begins their work period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Employer Information Exchange, pp. 83–84*

<b>If agricultural employer is employing a commercial handler to make applications</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does the agricultural employer give the location and description of treated areas or REIs and restrictions in those areas where applications are or will be made on their establishment to a commercial pesticide handling establishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the commercial pesticide handling establishment inform the agricultural employer of: location and description of areas to be treated, date and time of application, product name, registration number, active ingredient, REI, requirement for oral and/or written notification, and any other restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>G. APPLICATION RESTRICTIONS</b>			
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does inspector observe handlers who appear to be under 18? Describe follow up: <i>What Changed in the WPS?, p. 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For the 3 pesticide products identified: <i>Requirements for Handlers and Handler Employers During Pesticide Applications, pp. 60–61</i>   <i>Certified/licensed crop advisor, p.94</i>			
Were persons kept out of restricted areas during the application and REI other than appropriately trained and equipped handlers involved in the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was each pesticide applied so that it did not contact, either directly or through drift, anyone except appropriately trained and equipped handlers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were workers and other persons kept out of the application exclusion zone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the handler suspend application because someone was in the AEZ? (for enclosed space, see column B, Table 1* in 170.405(b)(4)) <i>*Entry Restrictions—Enclosed Space Production, p. 40</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the application continued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe what actions the handler took to ensure no contact:			
<i>Requirements for Handlers and Handler Employers During Pesticide Applications, p. 61</i> If toxic “skull & crossbones” products were used, was contact made at least every 2 hours? What was the method for monitoring? <input type="checkbox"/> not monitored <input type="checkbox"/> by voice <input type="checkbox"/> by sight <input type="checkbox"/> other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a fumigant was applied in an enclosed space, was continuous visual or voice contact with another handler equipped with PPE maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Early-Entry Workers, pp. 49–55 | non-certified crop advisors, p. 96*

<b>H. EARLY ENTRY</b>			
<b>ENTRY RESTRICTIONS 170.603</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>			
Are any workers considered Early Entry Workers? If yes, under which exception: <input type="checkbox"/> No Contact <input type="checkbox"/> Limited Contact <input type="checkbox"/> Short term <input type="checkbox"/> Ag Emergency <i>pp. 49–51</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Does inspector observe early entry workers who appear to be under 18? <i>pp. 49, 52</i> Describe follow up:	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Decontamination Supplies for Early-Entry Workers, p. 54</i> Are decontamination supplies located outside any treated area or area under REI or where reasonably accessible to workers conducting early entry tasks? 170.605	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are decontamination supplies located where a worker removes personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the appropriate decontamination supplies provided? (check supplies provided)  3 gallons of water for each handler at the beginning of work period (and replenished to maintain adequate supply) Yes <input type="checkbox"/> Soap Yes <input type="checkbox"/> Single use towels Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does each worker have at least one pint of water immediately available for eyeflushing in a portable container when pesticide label requires eye protection?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Limited Contact Exception 170.603(d) p. 51</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Entry did not occur during first 4 hours or before inhalation or ventilation criteria met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No hand labor activity was performed? <i>p. 50 (definition)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time did not exceed 8 hours in 24 hour period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No dual notice pesticide was used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situation could not have been foreseen (except irrigation tasks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would not doing the activity result in substantial economic loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Short Term Activity Exception 170.603(b) p. 49</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Entry did not occur during first 4 hours or before inhalation or ventilation criteria met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No hand labor activity was performed? <i>p. 50 (definition)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time did not exceed 1 hour in 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Agricultural Emergency Exception 170.603 (c) p. 50</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Situation meets criteria for agricultural emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry did not occur before 4 hours or before inhalation or ventilation criteria met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If dual notice pesticide was used, time did not exceed 4 hours in 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Entry Workers PPE 170.605(d) through (g) p. 53</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Did employer assure that early entry workers are trained, wear and use properly maintained PPE correctly? Describe any PPE that is not available or being worn:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Personal Protective Equipment for Handlers, pp. 62–73 | Certified and non-certified crop advisors, pp. 93–95*

<b>I. PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>			
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>For 3 pesticide products identified in Document Review: (Part B, Records Review)</b>			
Did the handler employer provide PPE to the handler to meet label requirements? 170.507 p. 62 Describe any PPE that was not made available:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did employer assure that handler wears and uses PPE correctly? p. 64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was PPE clean and operational? p. 64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clean place for putting on and removing PPE and storing to prevent pesticide contamination? p. 64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If respirators are required and handlers are present, did handlers receive medical clearance?</b> Yes <input type="checkbox"/> Fit testing Yes <input type="checkbox"/> Training Yes <input type="checkbox"/> <i>Medical Evaluation, p. 70; Annual Fit Testing, p. 72; Annual Respirator Training, p. 73</i>			
If using particulate filtering facepiece respirators, are they replaced appropriately? (check applicable method below) p. 73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace respirator based on: Odor, taste, irritation <input type="checkbox"/> Filter is damaged <input type="checkbox"/> According to respirator or pesticide product label <input type="checkbox"/> After 8 hours of use <input type="checkbox"/> Other:			
If using vapor-removing canister/cartridge respirators, are they replaced appropriately? (check applicable method below) p. 73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace respirator based on: Odor, taste, irritation <input type="checkbox"/> Breathing resistance excessive <input type="checkbox"/> According to respirator or pesticide product label <input type="checkbox"/> After 8 hours of use <input type="checkbox"/> Other:			

<b>J. PESTICIDE HANDLING EQUIPMENT</b>			
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>			
Does the employer complete the following?	Yes	No	N/A
Provide handler with label information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide handler access to pesticide labeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect and repair application equipment before each day of use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruct handlers in the safe operation of application equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any persons not employed by the agricultural establishment and not a handler, clean, repair, or adjust the pesticide equipment, are they provided the following information? Possible contamination, harmful effects of pesticides, how to limit exposure and how to wash to remove contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>General Responsibilities of Agricultural Employers, p. 20   CPHE, p. 79</i>			

<b>DISPOSITION OF INSPECTION</b>	Yes	No
Have any known or suspected violations of WPS been identified during this inspection? Briefly describe below:		
Inspector Signature:	Date:	