

**Mississippi Department of Agriculture – Bureau of Plant Industry
Worker Protection Standard Inspection Report (annotated)**

Instructions for Use

- *Italicized type* indicates the section and page number(s) that discuss each topic in *How to Comply with the 2015 Revised Worker Protection Standard for Agricultural Workers: What Owners and Employers Need to Know* (MSU-Extension Publication M-2166).
- If EVERYONE on the agricultural establishment falls under the immediate family exemption in part A, refer only to the boxes with double-line borders.



DATE:	INSPECTION NUMBER
OWNER/OPERATOR	FIRM OR PREMISE NAME:
Inspector Credentials Presented	Federal <input type="checkbox"/> Yes <input type="checkbox"/> No State <input type="checkbox"/> Yes <input type="checkbox"/> No
Notice of Inspection Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. AGRICULTURAL ESTABLISHMENT INFORMATION <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. RECORDS REVIEW
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		

Safety Training Records retained on establishment for 2 years 170.401(d), 170.501(d)
Pesticide Safety Training, pp. 27–29 | Training Pesticide Handlers, pp. 81-82 (CPHE) | non-certified crop advisors, pp. 94, 96

Worker Training Records	Handler Training Records
Current workers trained in past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Current handlers trained in past 12 months? Yes <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"/>

Respirator Safety Records retained on establishment for 2 years (Check below if retained) 170.509(b)(10)

Handlers received: Medical clearance for _____ respirator Fit testing Training

Medical Evaluation: Recordkeeping, p. 70; Annual Fit Testing: Recordkeeping, p. 72; Annual Respirator Training: Recordkeeping, p. 73

Access and Availability of Records 170.311(b)(7) through (9)

Requests for Records of Pesticide Application and Hazard Information, p. 25

Has a worker or handler requested application and hazard information? If yes, was it provided within 15 days of receipt?
 Yes No Not Applicable

Have treating medical personnel requested application or hazard information? If yes, was it provided promptly?
 Yes No Not Applicable

Has a properly designated representative requested appropriate application and hazard information? If yes, was it provided within 15 days of request? Yes No Not Applicable

Minimum Age for Handlers and Early Entry Workers 170.309 *What Changed in the WPS?, p. 2*

Does the agricultural employer employ any handlers that are under 18 years of age (after January 2, 2017)?
 Yes No

Does the agricultural employer employ any early entry workers that are under 18 years of age (after January 2, 2017)?
 Yes No

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

C. INFORMATION DISPLAY	Inspector observation <input type="checkbox"/>	Based on interview <input type="checkbox"/>		
Location of the "Central Display"	170.311(a)(5), 170.311(b)(2) and (3)		Yes	No
Has an appropriate 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

WPS Safety Information Display 170.311	Yes	No
Is WPS safety information being provided at the central display?		
a) Is the EPA WPS Safety Poster 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

Pesticide Application and Hazard Information (SDS) Display 170.311(b)(1)	Yes	No
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

C. Emergency Assistance 170.309(f)	Yes	No
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

DECONTAMINATION SUPPLIES FOR WORKERS AND HANDLERS			
D. WORKER DECONTAMINATION 170.411			
Inspector observation <input type="checkbox"/> Based on interview <input type="checkbox"/>	Yes	No	N/A
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"/>

E. HANDLER DECONTAMINATION AND EYEWASH SUPPLIES 170.509			
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

F. POSTING AND ENTRY RESTRICTIONS			
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			
POSTING & NOTIFICATION 170.409 (complete below as applicable)			
Outdoor Production Area with REI of 48 hours or Less 170.409(a)(1)(iii)	Yes	No	C/D
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"/>

Outdoor Production Area with REI Greater Than 48 hours 170.409(a)(1)(ii) <i>Notification of Entry Restrictions, pp. 42–47</i>	Yes	No	C/D
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"/>
Dual notice pesticide(s): 170.409(a)(1)(i)	Yes	No	N/A
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"/>
Enclosed Space Production Area with REI Greater Than 4 hours 170.409(a)(1)(iv) <i>Notification of Entry Restrictions, pp. 42–47</i>	Yes	No	C/D
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"/>
Enclosed Space Production Area with REI of 4 hours or Less 170.409(a)(1)(v) <i>Notification of Entry Restrictions, pp. 42–47</i>	Yes	No	C/D
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"/>

If agricultural employer is employing a commercial handler to make applications	Yes	No	N/A
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"/>

G. APPLICATION RESTRICTIONS				
Inspector observation <input type="checkbox"/>	Based on interview <input type="checkbox"/>	Yes	No	N/A
Does inspector observe handlers who appear to be under 18? Describe follow up:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>What Changed in the WPS?, p. 2</i>				

For the 3 pesticide products identified: <i>Requirements for Handlers and Handler Employers During Pesticide Applications, pp. 60–61 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))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Entry Restrictions—Enclosed Space Production, p. 40</i>			
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

H. EARLY ENTRY			
ENTRY RESTRICTIONS 170.603	Yes	No	N/A
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"/>	

Limited Contact Exception 170.603(d) p. 51	Yes	No	N/A
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"/>
Short Term Activity Exception 170.603(b) p. 49	Yes	No	N/A
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"/>

Agricultural Emergency Exception 170.603 (c) p. 50	Yes	No	N/A
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"/>
Early Entry Workers PPE 170.605(d) through (g) p. 53	Yes	No	N/A
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"/>

I. PERSONAL PROTECTIVE EQUIPMENT (PPE)				
Inspector observation <input type="checkbox"/>	Based on interview <input type="checkbox"/>	Yes	No	N/A
For 3 pesticide products identified in Document Review: (Part B, Records Review)				
Did the handler employer provide PPE to the handler to meet label requirements? 170.507 <i>p. 62</i> Describe any PPE that was not made available:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did employer assure that handler wears and uses PPE correctly? <i>p. 64</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was PPE clean and operational? <i>p. 64</i>	<input type="checkbox"/>	<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? <i>p. 64</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If respirators are required and handlers are present, did handlers receive medical clearance? 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) <i>p. 73</i>	<input type="checkbox"/>	<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) <i>p. 73</i>	<input type="checkbox"/>	<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:				

Information That Must Be Provided to Handlers, p. 59|CPHE, p. 79

J. PESTICIDE HANDLING EQUIPMENT			
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>			

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