Pesticide Use Profile

Employee name: _					Date:	
Duty Station:						
During scheduled v	work activities, th	ne above emp	ployee will or 1	nay be exp	posed to the fo	ollowing:
HERBICIDES		Yes □	No 🗆			
Comments:						
ADJUVANTS	Surfactants	Yes □	No □	Dyes	Yes □	No □
	Foaming Agent	Yes □	No □			
Comments:						
INSECTICIDES		Yes □	No □			
Comments:						
RODENTICIDES	;	Yes □	No 🗆			
Comments:						
FUNGICIDES		Yes □	No □			
Comments:						
PISCICIDES		Yes □	No □			
Comments:						
OTHER PESTIC		Yes □	No □			
Comments:						
During work the en	nployee is expect	ted to apply	the above chem	nicals	per	
The length of expo	sure this year is e	expected to b	e approximate	ly da	ys.	
Typical volumes sp	_	_		-		
Other activities inc				and stoopii	ng □ Carryin	g sprayers
	respirator \square We					
	in steep or rough					

Typical application methods are (select all that apply):								
☐ <u>Tractor-mounted sprayer</u> ☐ <u>Backpack spra</u>			☐ <u>ATV-mounted sprayer</u>					
☐ 2-gallon pump sprayer	☐ 1-quart spray bottle		□ <u>Airc</u>	<u>eraft</u>				
☐ <u>Hand Application</u>								
Other:								
Use of chemicals involves Restricted U	Jse Pesticides	Yes □	No 🗆					
Are any of the pesticides labeled with the word " Danger " Yes \square No \square								
Use of above chemicals is considered Frequent:			No □	Use is considered				
Frequent if employee handles, mixes, and/or applies pesticides that have a Health Hazard ranking of 3 of greater for 8 or more hours in any week or 16 or more hours in any 30 day period. If any of these are marked Yes , then a medical exam is required.								
Use of above chemicals is considered In unless employee exhibits signs or symplexam. All chemicals must be used in ac	toms of overexposure, of	or the phy	sician or	supervisor requests an				