

**Ohio Department of Agriculture**

Pesticide and Fertilizer Regulation

8995 East Main Street

Reynoldsburg, Ohio 43068

614-728-6987

**WORKER PROTECTION STANDARD**

Facility Name: _____

Person Interviewed: _____

Date of Inspection: ____/____/____

☐ ANNOUNCED ☐ UNANNOUNCED

INSPECTOR NAME: _____

TYPE OF ESTABLISHMENT: ☐ FARM ☐ FOREST ☐ NURSERY☐ ENCLOSED SPACE PRODUCTIONDoes this establishment meet the immediate family exemption for WPS? ☐ Yes ☐ No

OWNER/MANAGER: _____

PESTICIDE USE MANAGER: _____

TOTAL ACREAGE/AREA: _____

☐ Sq. Ft. ☐ Acres

OF CERTIFIED APPLICATORS: _____

LICENSE TYPE: ☐ PRIVATE ☐ COMMERCIAL ☐ NON-LICENSED

TYPES OF CROPS: _____

☐ COMMERCIAL ☐ RESEARCH☐ Hay ☐ Small Grains ☐ Christmas Trees ☐ Corn ☐ Fruits ☐ GH/Nursery ☐ Soybeans ☐ VegetablesPESTICIDE(S) APPLIED BY: ☐ OWNER / FAMILY ☐ EMPLOYEES ☐ COMMERCIAL APPLICATOR

EMPLOYEES

NON-FAMILY WORKERS

NON-FAMILY HANDLERS

FAMILY WORKERS

FAMILY HANDLERS

Number present at the time of inspection

Maximum number present at any time

Date of last application: REI : ☐ Still in effect ☐ Expired 30 days or less ☐ Expired greater than 30 daysAre all non-exempt Handlers & Early-Entry Workers at least 18 years of age? ☐ Yes ☐ NoDoes this establishment use Labor Contractors to provide labor? ☐ Yes ☐ No**1. PESTICIDES APPLIED WITH WPS ON THE LABEL (List most recent applied)**Pesticides were applied by: ☐ Certified Applicator ☐ Uncertified Applicator ☐ Handler ☐ Commercial ApplicatorDate of Application: ____/____/____ REI: _____ ☐ Hours ☐ Days**1.** Product Name: _____ PPE: ☐ Yes ☐ No

EPA Reg No. _____

Respirator Required? ☐ Yes ☐ No If Yes, Type of Respirator Used: _____Date of Application: ____/____/____ REI: _____ ☐ Hours ☐ Days**2** Product Name: _____ PPE: ☐ Yes ☐ No

EPA Reg No. _____

Respirator Required? ☐ Yes ☐ No If Yes, Type of Respirator Used: _____Date of Application: ____/____/____ REI: _____ ☐ Hours ☐ Days**3.** Product Name: _____ PPE: ☐ Yes ☐ No

EPA Reg No. _____

Respirator Required? ☐ Yes ☐ No If Yes, Type of Respirator Used: _____

EMPLOYER DUTIES FOR WORKERS AND HANDLERS

Information Display & Communication (HTC page 21-23) ☐ **Yes to All?** **IN COMPLIANCE?**

1. Safety Poster 170.311(a) ☐ Yes ☐ No ☐ N/A
2. Medical Facility Information 170.311(a)(3)(ix) ☐ Yes ☐ No ☐ N/A
3. ODA Pesticides Section Information 170.311(a)(3)(x) ☐ Yes ☐ No ☐ N/A
4. Pesticide Application Details 170.311(b)(1) ☐ Yes ☐ No ☐ N/A
If No, Items Missing: ☐ Date ☐ Time ☐ Product Info ☐ Crop/Site Treated ☐ Location ☐ REI
5. Safety Data Sheets (SDS) 170.311(b)(1)(i) ☐ Yes ☐ No ☐ N/A
- Required information displayed before worker entry or within 24 hours of application and for at least 30 days after REI has expired 170.311(h) & 170.311(b)(5) ☐ Yes ☐ No ☐ N/A
- Information is legible and located in an accessible area during work hours
7. where workers & handlers congregate or pass by 170.311(b)(2-4) ☐ Yes ☐ No ☐ N/A
8. Where is the information displayed? ☐ N/A ☐ Yes ☐ No ☐ N/A
☐ Break Room ☐ Shed ☐ Office ☐ Service ☐ Truck ☐ Porta John ☐ Decon Site
☐ Other: _____ ☐ Yes ☐ No ☐ N/A
- Is safety information displayed at all permanent decon sites and sites for 11 or more workers 170.311(a)(5)(ii) ☐ Yes ☐ No ☐ N/A
10. Pesticide Application Details & SDS kept for 2 years 170.311(b) ☐ Yes ☐ No ☐ N/A
- Pesticide Application Details and SDS made available upon request to a worker, handler, treating medical personnel, or designated authorized representative 170.311(b)(7-9) ☐ Yes ☐ No ☐ N/A

Safety Training (HTC page 27-28) ☐ **Yes to All?** **IN COMPLIANCE?**

Workers and non-certified handlers trained within the past 12 months

1. 170.401(a) & 170.501(a) ☐ Yes ☐ No ☐ N/A
2. EPA approved training material used (list below) 170.401(c) & 170.501(c) ☐ Yes ☐ No ☐ N/A
☐ Video ☐ Booklet ☐ Flip Chart ☐ PowerPoint ☐ Other
EPA approval number/code: _____
3. Trainer was qualified to train worker/handlers 170.401(c)(4) & 170.501(c)(4) ☐ Yes ☐ No ☐ N/A
☐ Certified Applicator ☐ Designated Trainer
4. Safety training records complete 170.401(d) & 170.501(d) ☐ Yes ☐ No ☐ N/A
If No, List items missing: ☐ Name ☐ Signature ☐ Date ☐ Material Used
☐ Trainer's Name ☐ Qualifications ☐ Employer
5. Safety training records kept for 2 years 170.401(d) & 170.501(d) ☐ Yes ☐ No ☐ N/A

Other Duties (HTC page 20 and 84) ☐ **N/A to All?** **IN COMPLIANCE?**

1. Emergency assistance provided to workers/handlers 170.309(f) ☐ Yes ☐ No ☐ N/A
2. Pesticide product information provided to medical personnel 170.309(f)(2) ☐ Yes ☐ No ☐ N/A
3. Employer information exchange conducted accordingly 170.313(i) & 170.309(k) ☐ Yes ☐ No ☐ N/A

| | | | |
|--|--|---|---|
| Decontamination (Worker) (HTC page 48) | | <input type="checkbox"/> Yes to All? | IN COMPLIANCE? |
| 1. | Decontamination supplies located within 1/4 mile 170.411(c) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. | Decontamination supplies located outside of treated area under an REI and reasonably accessible 170.411(d) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. | 1 gallon of water provided for each worker 170.411(b) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. | Water is of a quality and temperature that will not cause illness or injury 170.411(b)(1) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. | Other supplies provided as required 170.411(b)(2) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If No, List items missing: <input type="checkbox"/> Soap <input type="checkbox"/> Towels <input type="checkbox"/> Eye Wash (if applicable) | | | |
| Decontamination (Handler) (HTC page 74-75) | | <input type="checkbox"/> Yes to All? <input type="checkbox"/> N/A to All? | IN COMPLIANCE? |
| 1. | Decontamination supplies located within 1/4 mile and at permanent mix/load sites 170.509(c) & 170.509(c)(1) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. | Decontamination supplies protected from pesticide application 170.509(c)(3) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. | 3 gallons of water provided for each handler 170.509(b) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. | Water is of a quality and temperature that will not cause illness or injury 170.509(b)(1) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. | Other supplies provided as required 170.509(b)(2-3) & 170.509(a&d) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If No, List items missing: <input type="checkbox"/> Soap <input type="checkbox"/> Towels <input type="checkbox"/> Eye Wash (if applicable) | | | |
| Posting & Notification (HTC page 42) | | <input type="checkbox"/> Yes to All? | IN COMPLIANCE? |
| 1. | Workers are notified of applications 170.409(a) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Oral <input type="checkbox"/> Posted Signs | | | |
| 2. | Warning signs used if required (by label, over 48 hour REI for outdoor, or over 4 hour REI for enclosed space production) 170.409(a)(1)(ii & iv) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. | Are the appropriate warning signs used accordingly (language, size, verbiage, placement, etc) 170.409(b)(1-3) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Application Restrictions (HTC page 60-61) | | <input type="checkbox"/> Yes to All? | IN COMPLIANCE? |
| 1. | Pesticide applications made so as to assure no contact (directly or through drift) to workers or persons other than an appropriately equipped handler 170.505(a) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. | Enclosed space production restrictions observed 170.405(b) & 170.505(d) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If no, list restrictions not followed: | | | |
| 3. | <input type="checkbox"/> Fumigant <input type="checkbox"/> Ventilation <input type="checkbox"/> Entry Restrictions | | |
| | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. | Sight/voice contact at 2-hour intervals (Skull & Crossbone) 170.505(c) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. | Workers kept out of treated area during REI (unless under early entry) 170.309(l) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. | Were workers and other persons kept out of the application exclusion zone on the establishment 170.405(a) | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Comments:

PPE

(HTC page 62-64)

☐ **Yes to All?****IN COMPLIANCE?**

- | | |
|--|---|
| 1. PPE required by label is provided, clean, and in proper operating condition 170.507(b) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. PPE is properly inspected before each day of use 170.507(c)(2) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. PPE is used according to manufacturer's instructions 170.507(c-d) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Pesticide free area available for storage and to change 170.507(d)(5) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Contaminated PPE disposed of properly 170.507(d)(2) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Measures taken to prevent heat related illness 170.507(e) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Respiratory Protection

(HTC page 62-64)

☐ **Yes to All?****IN COMPLIANCE?**

- | | |
|--|---|
| 1. Handler received medical clearance 170.507(b)(10)(iii) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Fit test conducted for each type of respirator required per label 170.507(b)(10)(i) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Respirator training conducted 170.507(b)(10)(ii) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Respirator safety records kept for 2 years 170.507(b)(10) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Respirator used, maintained, and replaced according to manufacturer's recommendations, pesticide product labeling, and WPS requirements 170.507(d)(6-7) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Early Entry

(HTC page 49-54)

☐ **Yes to All?****IN COMPLIANCE?**

- | | |
|--|---|
| 1. Were all Early-Entry Requirements followed 170.605 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If no, list requirements not followed: | |
| <input type="checkbox"/> Exception <input type="checkbox"/> Training <input type="checkbox"/> PPE <input type="checkbox"/> Decontamination <input type="checkbox"/> Heat <input type="checkbox"/> Duration <input type="checkbox"/> Information <input type="checkbox"/> Age | |

Comments:

Interviewee's Signature _____

Inspector's Signature _____

☐ Worker Interview N/A☐ Handler Interview N/A