



Worker Protection Standard (WPS) — Pesticide Safety Training Record

Keep records for 2 years. See reverse side for instructions.

Training Information					
Training Location			Training Date		
Training For <input type="checkbox"/> Agricultural Workers <input type="checkbox"/> Pesticide Handlers <input type="checkbox"/> Early-Entry Workers		Language <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other: _____ Translator Name (if applicable): _____		EPA Training Materials Used <input type="checkbox"/> Video <input type="checkbox"/> PowerPoint <input type="checkbox"/> Other: _____ EPA Approval Number #: _____	
Trainer Information					
Trainer Name		Qualification (Pesticide License or WPS Certified Trainer Number)		Phone Number	
Company/Agency Name				Company/Agency Phone Number	
Farmworker Information (Información de los Trabajadores Entrenados)					
#	Print Full Name (Nombre Completo)	Signature (Firma)	Employee Number	WPS Card Number (In Numerical Order)	Company/Ranch <input type="checkbox"/> Same For All
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Comments					

**Worker Protection Standard (WPS)
Pesticide Safety Training Record
Instructions**

Training Information		Required by WPS
Training Location	Provide name of training location, including city.	
Training Date	Provide training date, including day month and year (MM/DD/YYYY).	✓
Training For	Indicate whether this training was done for Agricultural Workers, Pesticide Handlers, or Early-Entry Workers.	✓
Language	Mark all boxes that apply. If training provided in a language other than English or Spanish, please mark "Other" and document language and translator name.	✓
EPA Training Materials Used	Mark appropriate box and provide EPA Approval Number for materials used.	✓
Trainer Information		
Trainer Name	Include first and last name of person conducting the training.	✓
Qualification	Provide the trainer's pesticide license number or WPS Certified Trainer Number.	✓
Trainer's Phone Number	Provide phone number of the trainer, including area code.	
Trainer's Company	Provide company/agency name of the person who provided WPS training.	
Company Phone Number	Provide phone number for the company/agency of person providing the training, including area code.	
Signature and Date	Trainer's signature and date (MM/DD/YYYY).	
Farmworker Information (Información de los Trabajadores Entrenados)		
Full Name (Nombre Completo)	Ensure that worker's or handler's full name, including first and last names, are printed legibly.	✓
Signature (Firma)	Ensure that worker or handler signs the form next to their name.	✓
Employee Number	Optional.	
WPS Card Number	Write down the complete WPS Card Number in numerical order, if you are issuing WPS Training Verification Cards.	
Company/Ranch	Provide the name of company or employer's name. If the company is the same for all persons attending training, mark the "Same For All" box and document the name directly below it.	✓
Comments	Document your comments or notes here (optional).	