

**TRAINING CHECKLIST  
FOR AUTHORIZED AND NON-CERTIFIED  
PESTICIDE APPLICATOR ASSISTANTS**

THE TRAINING CHECKLIST MUST BE COMPLETED YEARLY FOR ALL AUTHORIZED ASSISTANTS, KEPT BY THE PLACE OF EMPLOYMENT (WITH COPIES OF THE AUTHORIZED ASSISTANT CERTIFICATE), AND BE MADE AVAILABLE TO ALBERTA ENVIRONMENT UPON REQUEST.

THE TRAINING CHECKLIST IS SPECIFIC TO THE PLACE OF EMPLOYMENT SPECIFIED.

A NEW TRAINING CHECKLIST MUST BE COMPLETED:

- WHEN THE AUTHORIZED ASSISTANT CHANGES EMPLOYMENT, OR
- PRIOR TO USING A NEW TYPE OF TREATMENT (eg. pesticide or equipment change).

**Authorized Assistant Name:** \_\_\_\_\_

**Authorized Assistant Certificate #:** \_\_\_\_\_  
(indicate not applicable if the assistant is a non-certified assistant)

**Name of Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Certification Class(es):**

- |                                    |                   |
|------------------------------------|-------------------|
| _____ Aerial                       | _____ Agriculture |
| _____ Aquatic                      | _____ Biting Fly  |
| _____ Forestry                     | _____ Fumigation  |
| _____ Greenhouse                   | _____ Industrial  |
| _____ Landscape                    | _____ Structural  |
| _____ Other (please specify _____) |                   |

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I, \_\_\_\_\_, Pesticide Applicator Certificate # \_\_\_\_\_,  
(name of certified applicator)

have thoroughly reviewed with the above "Authorized Assistant", the following subject areas (directly related to the certification class(es) indicated above) and find this person competent to perform supervised pesticide applications in this (these) certification class(es):

- (a) \_\_\_\_\_ Demonstrated the proper fitting, use and maintenance of the protective equipment;
- (b) \_\_\_\_\_ Reviewed all labels and MSDS for pesticide products that will be used;
- (c) \_\_\_\_\_ Can correctly identify the pest(s) to be controlled;

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- (d) Can use the application equipment specific to this operation, including:
    - (i) \_\_\_\_\_daily calibration procedures to ensure accurate and even distribution of pesticide,
    - (ii) \_\_\_\_\_proper mixing and loading procedures as specified by the applicator,
    - (iii) \_\_\_\_\_familiarity with all mechanical / operating parts of the equipment,
    - (iv) \_\_\_\_\_proper use and maintenance procedures,
    - (v) \_\_\_\_\_drift control measures, and
    - (vi) \_\_\_\_\_clean-up of equipment when changing pesticides or at the end of the day.
    - (vii) List the types of equipment for which the use has been reviewed:  
\_\_\_\_\_
  
  - (e) Understands the employer's pesticide application policies, including:
    - (i) \_\_\_\_\_ environmental conditions (wind, temperature, probability of rain) that would stop or modify a pesticide application, and
    - (ii) \_\_\_\_\_proximity to non-target areas that may require them to stop or modify a pesticide application.
  
  - (f) Understands the legislative requirements (including the Environmental Code of Practice for Pesticides and the Storage Guidelines issued by Alberta Environment) and employer's procedures, including:
    - (i) \_\_\_\_\_restrictions for pesticide applications near water,
    - (ii) \_\_\_\_\_pesticide transportation,
    - (iii) \_\_\_\_\_temporary and permanent pesticide storage,
    - (iv) \_\_\_\_\_pesticide container disposal, and
    - (v) \_\_\_\_\_record-keeping related to all pesticide applications.
  
  - (g) Understands the employer's Emergency Response Plan procedures and equipment available for:
    - (i) \_\_\_\_\_spill clean-up and reporting,
    - (ii) \_\_\_\_\_fire and theft,
    - (iii) \_\_\_\_\_first aid.
  
  - (h) \_\_\_\_\_Is able to operate the communication equipment and understands the proper communication procedures;
  
  - (i) \_\_\_\_\_Understands how to handle complaints.
  
  - (j) \_\_\_\_\_ for Forestry applications only - Understands the Risk Management Section of the Forest Management Herbicide Reference Manual.
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of certified applicator

I have reviewed and understood the information as noted above, and believe that I am competent to perform pesticide applications in the certification classes noted above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Assistant