

2024 Pesticide Safety Training & Respirator Fit Testing



Woodland, CA

Pesticide safety training is an annual requirement for fieldworkers as well as handlers. This course offers 2 hours of CE Units in Law & Regulations. **Cost: \$65 per person.** Space is limited, pre-registration is required. Contact us at (530) 665-4422 or alrodriguez@mvpsafety.org for questions about the training events.

Registration Form

Complete the form below, mail with check payable to **MVP Safety Professionals, 201 East Street, Woodland, CA 95776.** Or call our office at (530) 665-4422 to make a payment over the phone with a credit card. No refunds will be issued, credit can be used toward future Pesticide Safety courses or fit testing within the same year.

Company: _____ Contact Person: _____

Phone: _____ Email: _____
(include area code)

Mailing Address: _____ City: _____ State/Zip: _____

Please indicate how many employees will attend each session:

MVP Conference Room – 1000 N. East Street, Woodland, CA 95776

Please check the box you would like to register for:

April 19, 2024 Respirator Fit Testing ONLY @ 10:00 a.m., Pesticide Safety Cancelled

~~May 24, 2024 CANCELLED~~

June 21, 2024

Please indicate the language and number of attendees:

8:00 a.m. Spanish _____ @ \$65 each = \$ _____

12:00 p.m. English _____ @ \$65 each = \$ _____

***Respirator Fit Testing (after each Pesticide Safety Session)**

Need to be fit tested for number of masks _____ @ \$50 each = \$ _____

**All employees who will be fit tested must bring a copy of their medical clearance and their respirator with them on the day of testing and be free of facial hair that interrupts with the seal of their respirator. It is the employer's responsibility to ensure that the employee is using the correct type of respirator for the chemical they will be exposed to and that the company has a written respiratory protection program. Call us with questions.*

Total: \$ _____

Employee Names (attach additional sheet if necessary):

For office use only Visa MasterCard American Express Cash Check _____ Payment Applied Confirmation Reminder

CC# _____ Exp. ____/____/____ CID _____ Zip Code _____ Invoice # _____