

FUMIGATION SAFETY TRAINING

Employee Fall Protection Kit Materials Checklist

I, _____, have received all of the products listed
below on _____. I understand that it is my responsibility to care for and maintain
the materials listed below. If any of these materials become damaged during the course of
work I will immediately notify management to have the item(s) replaced by _____. I will be
held accountable for any items that are lost or misplaced & will be financially responsible for
replacement of any such items. I am also responsible for wearing & using all safety
equipment provided to me in accordance with company policy and the training I have
received. I understand to failure to use the equipment will lead to disciplinary action.

Materials Received:

- Harness
- Lifeline ___120' white ___100' blue
- Super Rope Pull Device
- Retractable Lanyard
- Strap for tree/truck # Received: _____
- Caribiner # Received: _____
- Double Locking Snap Hook # Received: _____
- Bump Cap
- Tinted Safety Glasses
- Clear Safety Glasses
- Duffle Bag
- Other (List: _____)

Employee: _____ (sign name)	Date: _____	Bag #: _____
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Manager Initials: _____

FUMIGATION & FALL PROTECTION FIELD EVALUATION CHECKLIST

All fumigation employees who work for _____ must demonstrate competencies in all requirements of fumigation safety, DOT, fall protection, SCBA use, and JSA completion.

Employee Name: _____ Branch #: _____

FUMIGATION:

- Ensure Module 12 (Fumigation Safety) of Annual SAFE Training is complete
- Review current MSDS & Labels for Vikane & Chloropicrin
- Can explain how and when to apply Vikane (Licensee Only)
- Demonstrates how to monitor for Vikane with Interscan (Licensee Only)
- Demonstrates how to measure & calculate dosages (Licensee Only)
- 1st Aid/CPR Certification Current (CPR Expires: _____) (1st Aid Expires: _____)

DOT:

- Module 4 (Defensive Driver Training) is complete if a driver *Circle here if not a driver – NA*
- DQ Files up to date and complete *Circle here if not a driver – NA*
- Daily Pre/Post trip inspection reports are completed (6 months on truck – 3 years in branch)

FALL PROTECTION – COMPETENT LEVEL:

- Understand that fall protection is required for EVERY job – regardless of room type.
- Demonstrate Bowline Knot (For Rope Pull Device)
- Demonstrate Anchor Bend Knot (To anchors)
- Knowledge on how to properly maintain equipment
- Demonstrate proper donning/doffing & adjustment of harness
- Demonstrates competency on where to attach lanyard (Back D only)
- Demonstrates competencies on anchor placement & attachment
 - Tree
 - Truck
 - Concrete
- Demonstrate ability to judge 5,000 rating (Pull test)
- Demonstrate proper lifting of all items regardless of weight
- Demonstrate knowledge of “rope slack” on roof (tight on opposite side)
- Demonstrate proper ladder placement & use
 - Properly secured at top while taking tarps to roof
 - 4:1 ratio
 - 3’ extension over top
 - Bottom secured at all times when being used
 - 3 points of contact
 - Positioning device when working from ladder (i.e. clipping) w/ feet over 6’
- Demonstrate knowledge of # of people allowed on vertical line at a time (1)
- Wind Guide usage (licensee only)
- Wears proper PPE as required (Bump cap, glasses, shoes, scba, etc)
- Knows where to refer for more details on equipment maintenance & use (mfg guidelines)
- Knows how to properly hydrate
- Can complete required forms
 - JSA
 - Fall Protection Plan
- Is receiving correct version of Fume Waiver.
- Can properly interpret the Fall Protection Guide & knows to refer to it if questions arise
- Demonstrates safe use of Descender (If cannot PASS, circle here for non-use) **NOT APPROVED TO USE DESCENDER**

SCBA

- Appropriate signage on truck (SCBA, or Contains Emergency Respirator)
- Is completing monthly sign off/inspection sheet for each SCBA
- Back-up SCBA tank is full at all times
- At least 1 full air tank for each SCBA on the truck at all times
- Employee demonstrates successful donning & doffing of SCBA
- Employee has current Pulmonary Function (Date: _____), Medical Evaluation (Date: _____) & Fit Test (Date: _____) in their training manual (Mod 3)

Instructor: _____ Date: _____ **PASS / FAIL**
100% competency required to pass evaluation

COMPLETION OF TRAINING

I _____ am fully aware that I have been properly trained on the use & maintenance on all required fall protection equipment & agree to use all equipment in accordance with policy & training from this point forward. Failure to do so can lead to disciplinary action up to & including termination.

Employee Signature: _____ Date: _____

If questions arise during training contact [NAME AND CONTACT INFORMATION] for clarification