

NOVEMBER 9, 2017

9 am – 1 pm
Carvel Center

**LEARN TO CONDUCT
QUALITATIVE RESPIRATOR
FIT TESTS**

- ✓ **SAVE MONEY**
- ✓ **Earn pesticide credits**
- ✓ **Comply with US EPA
annual respirator fit test
requirements for Worker Protection
Standard (WPS)**



**For more information
and to register check out the new
University of Delaware
Pesticide Safety Education Program
website at:
extension.udel.edu/ag/psep**

**Or contact:
Kerry Richards
Via email:
pesticidesafety@udel.edu
Phone: (814) 880 – 0013**

➤ **Registration: \$25.00***

*A \$150 value paid for in part by grant funding

➤ **ONLY 20 SPOTS AVAILABLE**

This workshop will help you:

- Understand EPA & OSHA medical evaluation & respirator fit test now required under new WPS regulations
- Selection of respirator & cartridge
- Understand differences in respirators & cartridges
- Learn how to correctly select & fit respirators for yourself and employees
- Have your respirator fit tested**
- Know how to correctly clean & store respirators
- Deliver & document employee training on respirator use & care
- Prepare for pesticide inspections

** If you wish to complete your own respirator fit test for compliance during the workshop:

Come clean shaven and bring proof of current medical evaluation with you.

To further ensure your health & safety, blood pressure, blood sugar and lung function screenings will be available at the training.

Presented in partnership with:



Training and screenings conducted by
Registered Nurses

NOVEMBER 9, 2017 – 9 am to 1 pm – CARVEL CENTER
University of Delaware – Pesticide Safety Education Program
MEDICAL EVALIATION/RESPIRATOR FIT TEST WORKSHOP REGISTRATION
LIMITED TO 20 PARTICIPANTS – SIGN UP NOW TO RESERVE YOUR SPOT

Please complete the form below and return by:

Email to: pesticidesafety@udel.edu

Fax: 302-831-6758

Payment will be collected the day of the workshop

Name:

Company Name:

Address:

Phone Number:

Email:

List pesticides you apply that require respirator protection:

(This information will only be used to select pesticide labels to use as part of the workshop)

Will you have your respirator fit tested as part of your participation in the workshop? ___ Yes ___ No

Do you have a current medical evaluation? If not, we can help complete that process. ___ Yes ___ No

Do you want to participate in the blood pressure, blood sugar and lung function screenings that will be available free of charge as part of the workshop? ___ Yes ___ No

Presented in partnership with:

