



**AGRICULTURAL COMMISSIONER SEALER
OF WEIGHTS AND MEASURES**

RUSTY LANTSBERGER

MADERA COUNTY FARM LABOR CONTRACTOR REGISTRATION INFORMATION (Effective January 2, 2017)

As a Farm Labor Contractor you are responsible for compliance with laws and regulations to assure your employees' safety.

1. Every licensed farm labor contractor is required to:
 - a. Register annually with each County Agricultural Commissioner's Office in which work is conducted
 - b. Carry his or her current/valid license and proof of registration with him or her at all times
 - c. Maintain a current/valid farm labor contractor license and address with the Agricultural Commissioner's Office
2. The employer shall assure that each employee assigned to work in a treated field* has been trained annually, before beginning work in the treated field. Employee training must be documented. (U.S. EPA training cards are NO longer valid.)
 - a. The person conducting the training shall be qualified as one of the following:
 - i. A California certified applicator
 - ii. A person holding any other valid license or certificate of personal pesticide qualification issued by the Department of Pesticide Regulation
 - iii. A person who has completed an "instructor training" program presented by the University of California Integrated Pest Program, or other instructor training program approved by the Director
 - iv. Other valid trainer qualification approved by the Director
3. When employees are working as field workers in a treated field, the employer shall display at the worksite, on permanent decontamination facilities and facilities servicing 11 or more fieldworkers, a copy of a completed written "Hazard Communication Information for Employees Working in Fields" (Pesticide Safety Information Series [PSIS] leaflet A-9). In the event that fieldworkers gather at a central location, prior to transportation to the worksite, the PSIS leaflet A-9 may instead be displayed at that central location. Upon request, the employer shall read to the requesting employee, in a language understandable to that employee, PSIS leaflet A-9.

PSIS leaflets are available at: https://www.cdpr.ca.gov/docs/whs/worker_protection.htm.

Prior to your employees working on the operator's (grower's) property, you are required to notify them of any scheduled applications or treated fields by the property operator within ¼ mile of where they are working. You must obtain the treatment information from the property operator. (See "Application-specific Information for Fieldworkers" for your use.)

4. As an employer, farm labor contractors shall assure that water, soap and single use towels are located together at the decontamination site for washing of hands, face and emergency eye flushing. For decontamination, you must have at least 1-gal of water per employee (3-gal for early entry activity employees) and the water provided must not cause illness or injury when it contacts the skin or eyes or when swallowed. These decontamination facilities shall not be more than ¼ mile from the fieldworkers (or at the nearest point of vehicular access). You are required to notify your employees of the location of the decontamination facilities prior to entering a treated field.
5. Emergency medical care for employees shall be planned for in advance:
 - a. Employees, or their supervisor in the field, shall be informed of the name and location of a doctor or medical facility where employees can receive medical treatment, or procedures to be followed to obtain emergency medical care.
 - b. When it is suspected that an employee is ill due to a pesticide or exposure to a pesticide has occurred that could result in illness of the employee, the employer shall assure the employee is taken to a doctor immediately.
 - c. The employer shall provide the following information to medical personnel treating the employee: pesticide product name, U.S. EPA registration number, active ingredient, copy of Safety Data Sheets, circumstances of possible exposure (i.e. harvesting, weeding) and use of the pesticide (i.e. last application date for the treated field, drift, etc).
6. A farm labor contractor whose employees apply any type of pesticide, must be licensed as an agricultural pest control business and must register their Pest Control Business License with the Agricultural Commissioner's Office.
Complete pesticide worker safety regulations are available at: <https://www.cdpr.ca.gov/docs/legbills/calcode/chapter.htm>
Civil penalties in the form of a fine may be levied against the employer for failure to comply with laws and regulations.

Your signature acknowledges you have received and reviewed the above information prior to registering in Madera County.

Contractor Print Name _____ Signature _____ Date _____ Registration No. _____

*A "treated field" is a field that has been treated with a pesticide or had a restricted entry interval in effect within the last 30 days.



Farm Labor Contractor (FLC)
Application- Specific Information for Fieldworkers (Rev. 12-2016)
 (You must still display your completed PSIS A-9 for your employees.)

Date _____ Start time _____ End time _____ Total Number of FLC Employees _____

FLC Employee Activity (harvesting, weeding, etc): _____

Grower/Property Operator Name: _____ Grower Phone: _____

Field location (roads, site #, ranch name, etc.): _____

How many acres are you working? _____ Crop _____

Location/address where grower/property operator application-specific information records for this field are kept:

Date and completion time of last pesticide/adjuvant application to the **field you are working in?** _____

<u>Product Name(s)</u>	<u>EPA #</u>	<u>Active ingredient</u>	<u>REI</u>	<u>REI+30 days (Date)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you notified by Grower/Property Operator of applications and/or treated fields on their property within ¼ mile from where FLC employees are working? (circle one): **NO**

YES-No applications/other treated fields

YES-Application/other treated field information

Complete information below & notify your employees

NEARBY FIELD INFORMATION

Notification received (circle): oral written posting Date of (circle one) application/treated field: _____

Location of field/description _____

Start time (for application) _____ Date & End time (for application/treated field) _____

<u>Product Name(s)</u>	<u>EPA#</u>	<u>Active ingredient</u>	<u>REI</u>	<u>Application Exclusion Zone</u> (buffer distance from applications)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Changes to field application date, time start, end time or other (list changes and notify your employees of the change):

NEARBY FIELD INFORMATION

Notification received (circle): oral written posting Date of (circle one) application/treated field: _____

Location of field/description _____

Start time (for application) _____ Date & End time (for application/treated field) _____

<u>Product Name(s)</u>	<u>EPA#</u>	<u>Active ingredient</u>	<u>REI</u>	<u>Application Exclusion Zone</u> (buffer distance from applications)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Changes to field application date, time start, end time or other (list changes and notify your employees of the change):

NEARBY FIELD INFORMATION

Notification received (circle): oral written posting Date of (circle one) application/treated field: _____

Location of field/description _____

Start time (for application) _____ Date & End time (for application/treated field) _____

<u>Product Name(s)</u>	<u>EPA#</u>	<u>Active ingredient</u>	<u>REI</u>	<u>Application Exclusion Zone</u> (buffer distance from applications)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Changes to field application date, time start, end time or other (list changes and notify your employees of the change):

Employees working in this field (print names):

- | | | |
|----|-----|-----|
| 1. | 6. | 11. |
| 2. | 7. | 12. |
| 3. | 8. | 13. |
| 4. | 9. | 14. |
| 5. | 10. | 15. |

FLC Foreman/Supervisor Name: _____ Date: _____

KEEP RECORDS FOR 2 YEARS