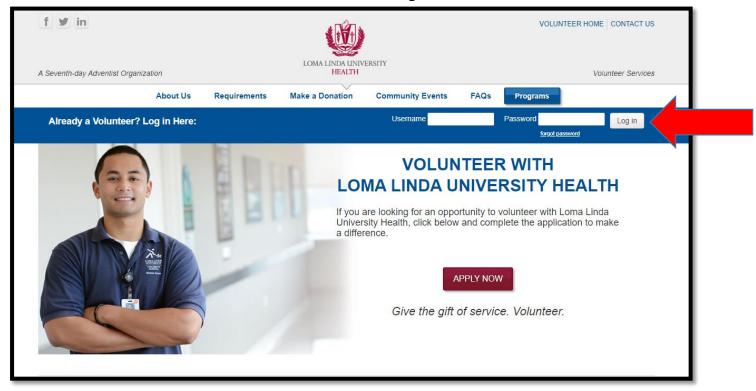
Pesticide Safety Training Record Completion Instructions

To access the Pesticide Safety form, log in to your Dashboard by using the *lomalindavolunteers.org* website.



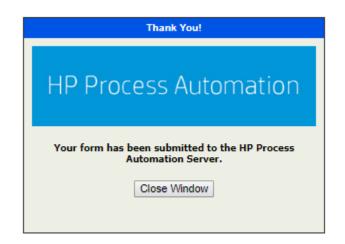
Select the "Complete Pesticide Safety Training Record" button.

f y in						VOL	LUNTEER HOME C	ONTACT US
A Seventh-day Adventist Organization		LOMA LINDA UNIVERSITY HEALTH				Volunteer Services		
	About Us	Requirements	Make a Donation	Community Event	s FAQs	Programs		
Dashboard	Edit Profile	Search Opportunities	s Schedule Here	View Calendar Report	rt Hours View	Hours My Ir	nterests	
							Hello, Loma Lin	da Logout
		WELCOME	Loma Linda	Volunteer				
		My Compliance Record						
		Application		09/10/2019			✔ Complete	
		Reference Check Interview Background Check Orientation		09/10/2019 09/10/2019 Approved 09/10/2019			✓ Complete	
							✔ Complete	
							✔ Complete	
Status: Pending							✔ Complete	
		TB Clearance		Expires: 09/10/2020			✔ Complete	
Log Out		Influenza Immunization		Expires: 09/30/2020			Complete	
		Pesticide Safety Tra	-	Due by: 09/01/2019 Complete Pesticide Safety Please follow this link to co (supervisor name and manage	mplete the pestic	ide safety form.	-	

A new window will open and a Liquid Office form will load for you to complete.

- Enter your ID # from the front of you badge. In place of the letter use the number 0.
 - $\circ~$ Example: if your ID# is 123456A you will enter ID # 1234560.
- Enter your EID # from the front of your badge.
- Enter Volunteer Services for the department.
- Click on the "Employee Signature" button to electronically sign your name to the form.
- Read the statements on the right and then enter your initials next to the pesticides (chemicals / cleaners) you use when you volunteer, or check "I do not use pesticides".
- To submit the form, scroll down to the bottom of the page and select "GO".

Loma Linda University Adventist Health Sciences Center Pesticide Safety Training Record										
Last Name:	First Name:		ID#:		EID:					
Date: 9/10/2019 Department: INSTRUCTIONS: 1. Enter your NAME and ID number.	E-mail:		Employee Signature	Employee Si	gnature					
 Verify the DATE you are completing this form Click the signature block (to the right). If you DO NOT work with pesticides as part Read each statement below; enter your INITH I DO NOT USE PESTICIDES 	of your job duties, please ALS in the box next to ea	check the box in ch pesticide you	dicated below.							
	fter each pesticide you us nitials	1) READ	THE LABEL for war d application instructi	ning statement, fir						
Bleach Bleach Germicidal Wipes		 UNDERSTAND SAFE HANDLING PROCEDURES how to safely open, lift, pour and mix the material. REPORT A PESTICIDE EXPOSURE immediately to your supervisor. 								
Cavicide/Caviwipes Easy Paks Detergent/Disinfectant										
Formalin 10% Hydrogen Peroxide Disinfectant Wipes Isopropyl Alcohol		4) IF PERSONAL CONTAMINATION OCCURS, remove contaminated clothes immediately. Wash exposed area thoroughly with soap and water. In case of eye contamination, rinse the affected eye immediately. Decontaminate with running water for 15 minutes.								
Opti-Cide Max Oxivir TB Wipes		5) ALWAYS USE PERSONAL PROTECTIVE EQUIPMENT – minimum are gloves and eye protection.								
Sanitizing Wash N Walk Floor Cleaner Steris Germicidal Wipes Sani-Cloth Germicidal Wipes		6) AFTER USING PESTICIDES, THOROUGHLY WASH HANDS AND ARMS WITH SOAP AND WATER - especially before eating, drinking, smoking or using the bathroom.								
Triplet Plus Sanitizer Triple Two Germicidal Cleaner			THE IMMEDIATE AND LONG TERM HAZARDS of using de. Read MSDS for this information.							
Virex II			GENCY MEDICAL st 66222; or LLUMC 1							
ADD ADDITIONAL PESTICIDES BELOW	INITIALS +		E INSECTICIDE CO AREA, when not in u		LOCKED	AND				
· · · · ·										
			4							
	Submit	•	G0							
			4							



Once you submit the form you will see this confirmation window.

Click on **Close Window** and return to your Dashboard.

Your completion will be recorded on your dashboard in 1-2 business days.

If you have any questions, or need assistance, please call

Volunteer Services at 909-558-8022

Thank you for taking the time to complete this requirement!





MEDICAL CENTER

Volunteer Services