

Training File Setup

It is recommended that each Service Center create:

- 1) A WEEKLY TRAINING FOLDER
- 2) TEAM MEMBER TRAINING FOLDERS
- 3) TEAM MEMBER STATE TRAINING FOLDERS

S.C. Weekly Training

Team Member Training Folder

John Doe State Training

MASSEY
SERVICES INC.

S.C. Weekly Training:

This folder contains the VTMs from each weekly meeting indicating all Team Members who signed in, including or indicating training materials/quizzes reviewed. It also holds all other trainings provided by the Service Center such as group VTM field demonstrations, etc.

S.C. Weekly Training

MASSEY VERIFIABLE TRAINING MEETING RECORD

Service Center _____ Parade City _____ Svc Ctr # ___17_____ Date ___5/19/2010_____

Time of Meeting: From ___8:00 a.m._____ To: ___5:00 p.m._____

Category Review

How many hours discussed on each category:

Pest Prevention	6	PreventTech	
Subterranean Termites		Fume	
Lawn		Sales	
Tree/Shrub		Administration	
Safety		HazMat	

Description & Materials Used: Massey's Pest Prevention Program and Pest Prevention Equipment/ Materials/Methods Powerpoint Presentations/ Field Demonstrations

	Print Name	Signature	Position	Svc Ctr #	Pre-Test Score	Post-Test Score
1	Tom Smith	<i>[Signature]</i>	Pest Technician	17		
2	John Jones	<i>[Signature]</i>	Pest Technician	17		
3	Bill Smart	<i>[Signature]</i>	Inspector	17		
4	John Doe	<i>[Signature]</i>	Inspector	17		
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15						

Meeting Conductor *[Signature]* Bob Belmont Title Training & Technical Dir.

Signature Print Name

NS 120 November 00

Team Member Training:

NOTE:

P&P # 1501 Requires a Personnel Training File be set up for each Team Member's Training.

P&P # 1904 Requires all training files be kept for 7 years.

This folder contains the VTMs from each weekly meeting copied, indicating John Doe **who signed in, highlighted**, including or indicating training materials/quizzes reviewed. This file also contains Quality Pro Certificates.

John Doe Training Folder

MBSSEY VERIFIABLE TRAINING MEETING RECORD

Service Center: Paradise City, Svc Ctr # 17, Date 1/19/2010

Time of Meeting: From 8:00 a.m. To 5:00 p.m.

Category Review

How many hours discussed on each category:

Post Prevention	6	PreventTech	
Subterranean Termites		Fume	
Lawn		Sales	
Treat/Brush		Administration	
Safety		HazMat	

Description & Materials Used: Masssey's Post Prevention Program and Post Prevention Equipment/Materials/Methods/Powerpoint Presentations/Field Demonstrations

	Print Name	Signature	Position	Svc Ctr #	Pre-Test Score	Post-Test Score
1	Tom Smith	<i>[Signature]</i>	Post/Technician	17		
2	John Jones	<i>[Signature]</i>	Post/Technician	17		
3	Bill Smart	<i>[Signature]</i>	Inspector	17		
4	John Doe	<i>[Signature]</i>	Inspector	17		
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Meeting Conductor: *[Signature]* Bob Belmont, Title Training & Technical Dir.

MS-905 Rev 10-02

Team Member State Training

Each State has their own CEU training requirements: Each ID Cardholder/Registered Tech shall have their own file that includes **all completed** State training forms required for ID CARDHOLDER/Registered Techs, etc. CEUs [i.e in Florida: 40 hours of field training/signed, 4 hours the first 6 months (BASIC/RODEOS) and 2 hours annually thereafter]

John Doe State Training

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

VERIFICATION RECORD OF INITIAL EMPLOYEE TRAINING
Section 402.001(3), F.S. and SE 14.1401, F.A.C.
Telephone: (850) 521-4177

For Chapter 402.001, Florida Statutes, a licensee or qualified operator may not design or use an employee to perform any category of pest control without providing trained supervision, unless the employee is trained and qualified in that category of pest control. An employee may not perform, assist, observe, or apply pest control work that has not been provided at least 6 days' 50 hours of field training in the appropriate category of pest control under the direct supervision, direction, and review of a certified trainer. This form must be completed in its entirety to document this initial training. Each year a checkmark in the box below indicates as "Trainer" for each section for which they have provided training.

Employee Name: _____
Employee Date of Birth: _____ ID Card Number: _____ (If not issued, use ID number)
Employee e-mail address: _____ Employee Job Title: _____
Licensee Name: _____

Date	Topic/Subject/Activity	Sign In Time	Sign Out Time
Trainer:			
ID Card Number			
Trainer:			
ID Card Number			
Trainer:			
ID Card Number			
Trainer:			
ID Card Number			
Trainer:			
ID Card Number			
Trainer:			
ID Card Number			
Trainer:			
ID Card Number			

By my signature below, I verify that the above initial training was provided by myself or an approved designated trainer.

Certified Operator in Charge/Approved Designer Date Employee Signature Title

ID Card Number of Signer
DNCS-12345 2500

Florida Department of Agriculture & Consumer Services
Division of Agricultural Environmental Services

IDENTIFICATION CARDHOLDER TRAINING VERIFICATION
Section 402.001(3), F.S.
Telephone: (850) 521-4177; FAX (850) 410-0224

Florida Department of Agriculture & Consumer Services
Bureau of Entomology and Pest Control
2233 University of Florida Blvd., Suite 300
Gainesville, FL 32608-0301

Section 402.001(3), F.S.
Telephone: (850) 521-4177; FAX (850) 410-0224

LAST NAME	FIRST	MIDDLE	IDENTIFICATION CARD NUMBER
			Example: 6000-6000000
MAILING ADDRESS			DATE OF BIRTH or SOCIAL SECURITY NO. PLUS EXPIRE DATE MONTH/YEAR
CITY	STATE	ZIP CODE	HOME PHONE NUMBER
Massey Services, Inc.			
PEST CONTROL LICENSE NUMBER	BUSINESS LICENSE NUMBER	BUSINESS PHONE NUMBER	
STATE REQUIRED CEU - ID CARDHOLDER TRAINING			
SEMINAR OR TRAINING PROGRAM NAME			LOCATION OF PROGRAM
Massey Services, Inc.			
NAME AND ADDRESS OF Sponsoring ORGANIZATION (OR TRAINER IF IN-HOUSE PROGRAM)			
DATE OF ATTENDANCE		SIGN IN TIME	SIGN OUT TIME
CHECK APPROPRIATE ALL DAY EVENT WHICH INCLUDES PEST IDENTIFICATION TOOLS AND PLACE DATE OF EVENT IN BOX ABOVE: <input type="checkbox"/> Termite Swarm School <input type="checkbox"/> GreenUp Rouse <input type="checkbox"/> PreenTech Hodge <input type="checkbox"/> HPP Hodge			
TRAINING TOPICS COVERED - NOTE - PROVIDE SPECIFIC SUBJECT MATTERS SUCH AS LABEL SAFETY, INTEGRATED PEST MANAGEMENT AND OTHER TOPICS AS AUTHORIZED BY 402.001(1)(g), F.S.			
I certify, by my signature below, that I personally attended the above training class.		I certify that the above named individual completed the described training class.	
SIGNATURE OF IDENTIFICATION CARDHOLDER		SIGNATURE OF TRAINER	
DNCS 1362, 01/02			