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| **Company Name:** | | | | | | | |
| **Task, Job Title or Equipment Used: Pesticide Use** | | | | | | | |
| **Employee** | **Date** | **RA Reviewed** | **SWP Reviewed** | **Emergency Procedures** | **Competency** | **First Supervisor Note Following Competency (Include Date)** | **Supervisor Signature** |
| **Translator:** |  |  |  |  |  |  |  |
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