

**PESTICIDE SAFETY EDUCATION PROGRAM
FISCAL YEAR _____
ANNUAL REPORT OF ACCOMPLISHMENTS**

(Date)

(Name of Institution)

1) Pesticide Applicator Training was accomplished during the current Fiscal year through:

2) Pesticide Applicator Training will be performed in the future by:

3) Program Achievements itemized (including new materials/upgrades developed):

a)

b)

c)

4) Number of applicators trained for: initial certification _____ re-certification _____.

5) Name of special project(s) (previously funded but incomplete):

a) Current Status:

b) Reason for incompleteness:

c) Date of expected completion:

(Date report signed)

(Director, Cooperative Extension Service)