Seed Treatment Label Training Quiz

1. What is the Pest Control Product Act registration number?
   a) 4, 4, 12
   b) 22617
   c) 123456
   d) 12.1, 6.2, 2.1

2. If a co-worker accidentally swallowed this seed treatment product, what should you do to help?
   a) Have them sip some water
   b) Induce vomiting
   c) Soak up any liquid in their mouth
   d) Have them ingest medicinal charcoal

3. Which of the following must a seed treatment applicator wear in addition to a long sleeve shirt, long pants and chemical resistant gloves?
   a) Dust mask
   b) Coveralls
   c) Apron
   d) Face shield

4. You can apply Seed Treatment Extra on which of the following seeds?
   a) Corn
   b) Peas
   c) Wheat
   d) Soybean

5. What is the application rate for soybean for each 100 kg of seed?
   a) 31 mL
   b) 117 mL
   c) 195 mL
   d) 200 mL

6. Before using a toilet, a worker should?
   a) Apply hand sanitizer
   b) Drink electrolyte solution
   c) Wash hands and face
   d) There are no noted requirements
7. Seed Treatment Extra contains the active ingredient?
   a) Clothianindin
   b) Thiamethoxam
   c) Seed treatment active ingredient 1, 2, 3
   d) Glyphosate

8. What should you have with you to give a medical professional if you are assisting someone poisoned by Seed Treatment Extra?
   a) A copy of the pesticide label
   b) A cup of treated seed
   c) A sample of the seed treatment pesticide
   d) A copy of the site emergency response plan

9. What first aid should you do if your co-worker spills Seed Treatment Extra on their coveralls?
   a) Help them rinse their skin with water
   b) Help them wrap the area with a wet cloth
   c) Report the incident to your advisor
   d) Continue working and advise them to discard coveralls at the end of the day

10. What type of respirator is recommended on the Seed Treatment Extra label?
    a) NIOSH approved dust mask
    b) Organic vapour cartridge respirator
    c) MSHA supplied air respirator
    d) R95 rated dust mask

**Passing Grade is 80%.**

**Grade: _____/ 10**

Employee Name: ________________________________ Date: ____________

Supervisor/Instructor: __________________________ Date: ____________