University of Florida, Environmental Health & Safety Questions and Answers Monitoring Program for Pesticide Users

- **Q1:** Is there a quantity/ frequency of pesticide use that I must meet before being included in the program?
- **A1:** A person is included in the program only if ALL of the following conditions are met:
 - 1) use of a Toxicity Class I, II or III pesticide, defined as having an oral OR dermal LD50 of less than 2200 mg/kg.
 - 2) use of more than one pint of finished solution/working mixture OR one pound of dry material in any single use
 - 3) and more than 4 days of use per calendar month
- **Q2:** I use a gallon of Roundup 5 days in a month. Am I included in the monitoring?
- **A2:** Although Roundup has a WARNING or CAUTION label and is listed in the Farm Chemicals Handbook as a class II or III toxicity, it has an LD50 greater than 2200 mg/kg and a person applying it would not be in a monitoring program.
- Q3: I use a gallon of Parathion, an organophosphate, once a month. Am I still in the monitoring program?
- **A3:** Parathion is a Toxicity Class I cholinesterase inhibiting pesticide with an LD50 of 2mg/kg. However, the sprayer would not be included in any periodical medical monitoring program because of the infrequency of use. The person should still get an initial baseline due to the fact they are using a highly toxic cholinesterase inhibiting pesticide. This will provide the physician with a comparison test in case of an unexpected acute exposure in the future. (See Procedures, 3. Incident-Related Monitoring)
- **Q4:** I spray a gallon mixed of propham, a carbamate, on a daily basis for a month. Am I included in the cholinesterase monitoring program?
- **A4:** Propham is a Toxicity Class IV carbamate with an LD50 greater than 5,000 mg/kg. Therefore, use of Propham would not place the employee in the monitoring program.
- **Q5:** I have been in the cholinesterase monitoring program for four years, do I need a new baseline?
- **A5:** Yes. The cholinesterase monitoring test method has changed and a new baseline will need to be established to provide correlation with future tests. You will also need a blood chemistry profile if one has not been done previously.

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