

**PESTICIDE INCIDENT RECORD**

(To document the adverse human health and environmental effects of pesticides)

Disclosure Approval - Please choose one of the following options:

I, \_\_\_\_\_ hereby give my permission to release this form and/or the information contained herein to the media, policy makers and other victims.

I, \_\_\_\_\_ will only permit the release of this form if it is done anonymously. However, you may use my city and state *only* for reference purposes.

Today's Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Incident (if known): \_\_\_\_\_

Name of Injured Person or Type of Animal/Plant: \_\_\_\_\_

Name of Person Filling Out this Form:, if different from injured: \_\_\_\_\_

Relationship to Injured Person: \_\_\_\_\_

Age of Injured Person: \_\_\_\_\_ Gender: \_\_\_\_\_

Injured Person's Address:	Your address, if different
_____	_____
_____	_____
_____	_____
(telephone) _____	(telephone) _____

PLACE OF EXPOSURE:

Indoors

- Home                       Workplace                       School                       Shopping Center / Mall

Other Indoor Places (please list): \_\_\_\_\_

Outdoors

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Yard /Garden     | <input type="checkbox"/> Forest area    | <input type="checkbox"/> Golf course            |
| <input type="checkbox"/> Roadside         | <input type="checkbox"/> Tree spraying  | <input type="checkbox"/> Power line spraying    |
| <input type="checkbox"/> Lake             | <input type="checkbox"/> Public grounds | <input type="checkbox"/> Park / Recreation area |
| <input type="checkbox"/> Neighbor's drift | <input type="checkbox"/> Agriculture    | <input type="checkbox"/> Mosquito abatement     |

Other Outdoor Places (please list): \_\_\_\_\_

Food and/or Water (residues on food, in water, please list consumable item): \_\_\_\_\_

PESTICIDE(S) EXPOSED TO:

Please list the pesticide(s), if known, to which you were exposed. Please include the formulation name and active ingredient. If you have the label, please attach a copy. \_\_\_\_\_

TYPE OF TARGETED PEST:

Insect                       Weed/Vegetation                       Fungus                       Rodent

Other: \_\_\_\_\_

APPLICATOR:

Commercial (name of company, if available) \_\_\_\_\_

Public (government, i.e., county, state, federal, school)                       Self

Utility Company/Transportation Authority                       Farmer

Golf Course Operator                       Homeowner

Other: \_\_\_\_\_

METHOD OF APPLICATION:

Aerial                       Aerosol                       Fogger                       Wood Preservative

Ground/ Backpack Application                       Fumigation/Tenting                       Subterranean (hose from truck)

Fumigation/Tenting                       Other: \_\_\_\_\_

WEATHER CONDITIONS AT TIME OF APPLICATION:

Sunny                       Dry                       Windy                       Cloudy                       Raining

EXPOSURE OCCURRED BECAUSE OF:

**Indoor:**                       Application Inside                       Drift of Chemicals from Outside

Other: \_\_\_\_\_

**Outdoor:**                       Drift                       Directly sprayed                       Residue on Treated Area

Other: \_\_\_\_\_

**Food:**                       Residues                       Water                       Other: \_\_\_\_\_

METHOD OF POISONING:

Dermal (through the skin)                       Inhalation                       Ingestion

Other: \_\_\_\_\_

REASON FOR PESTICIDE USE:

Routine spraying?                       Yes                       No

Was this in response to a pest problem?                       Yes                       No

What was the pest? \_\_\_\_\_

Did you make the pest control decision?                       Yes                       No

Was the application successful?                       Yes                       No

    If yes, were you provided with alternative pest control approaches?                       Yes                       No

    Were you told or lead to believe that the pesticides were safe?                       Yes                       No

Comments: \_\_\_\_\_

\_\_\_\_\_

PESTICIDE USE:

Did the incident occur as a result of use according to label instructions:  Yes  No

If *yes*, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If *no*, (the incident occurred as a result of misuse), please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTIFICATION:

Were you notified that a pesticide was used?  Yes  No

If *yes*, were you notified in advance of the pesticide application?  Yes  No

If *yes*, how much notice were you given? \_\_\_\_\_

If *no*, how did you discover that an application of pesticides had occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a sign posted when the spraying occurred?  Yes  No

If *yes*, was the posting prior to the use or at the time of use?  Yes  No

FOLLOW-UP:

Are you chemically sensitized?  Yes  No

If *yes*, was it a result of this particular pesticide poisoning incident?  Yes  No

If *no*, describe the reason for sensitization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken legal action regarding this incident?  Yes  No

If *yes*, please give us your attorney's name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHERE POSSIBLE AND RELEVANT, PLEASE ANSWER THE FOLLOWING:

Did you report the incident to any local, state or federal agencies?  Yes  No

If yes, please give the agency name(s), key contact, and telephone number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was an investigation done?  Yes  No

If yes, who conducted the investigation? \_\_\_\_\_  
\_\_\_\_\_

Did you receive a report?  Yes  No

Was enforcement action taken?  Yes  No

If yes, what action was taken (please include the date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was any residue testing of the site done indoors or outside?  Yes  No

If yes, were any of the following tests conducted?  Air Contamination Levels

Surface Contamination Levels  Soil Contamination Levels  Well Water

Other: \_\_\_\_\_  
\_\_\_\_\_

Please indicate the diagnostic medical tests that were conducted:

Blood Count  Biochemical Screen  Urinalysis  Routine Liver Profile

Red Blood Cell/Serum Cholinesterase with Dibucane Level  Nerve Conduction Timing Test

Other: \_\_\_\_\_  
\_\_\_\_\_

Did the test results show pesticide residues?  Yes  No

Please indicate which ones: \_\_\_\_\_  
\_\_\_\_\_

Was the poisoning diagnosed by a medical professional?  Yes  No

Would you recommend your health care professional to others?  Yes  No

If yes, please list his/her name(s), address(es) and telephone number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the test results show pesticides poisoning?  Yes  No

Was any health or medical treatment recommended or undertaken?  Yes  No

If yes, please indicate treatment: \_\_\_\_\_  
\_\_\_\_\_