

STATE OF CALIFORNIA
FIELD WORKER DERMATITIS
SUPPLEMENTAL REPORT
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WHS NUMBER	OTHER I.D. NO.	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE
			MO DAY YR

A. PERSON(S) PROVIDING INFORMATION

PERSON(S) CONTACTED DURING THE INVESTIGATION

EMPLOYEE EMPLOYER SUPERVISOR/FOREMAN CO-WORKER RELATIVE OTHER _____

DID ABOVE PERSON(S) SPEAK ENGLISH? YES NO TRANSLATOR'S NAME _____

B. COMMODITY AND WORK ACTIVITY INFORMATION

CAN THE ONSET OF SYMPTOMS BE IDENTIFIED? YES ___ / ___ / ___ NO

COMMODITY TREATED _____ SITE I.D. NUMBER _____ BLOCK I.D. _____ VARIETY TREATED _____

DERMATITIS SYMPTOMS EXPERIENCED

DUSTY POISON OAK RAGWEED/MAYWEED GENERALLY WEEDY BITING INSECTS WET OTHER _____

SPECIFIC WORK ACTIVITY AT ONSET OF SYMPTOMS (LAST 2 TO 3 DAYS)

WEEDING PRUNING PULLING LEAVES TIPPING TURNING CANE PROPPING

HARVESTING IRRIGATING THINNING OTHER _____

C. APPLICATION HISTORY (LAST 30 TO 60 DAYS) FOR FIELD OF ONSET

PESTICIDE NAME/MANUFACTURER	EPA REGISTRATION NUMBER	APPLICATION METHOD*	APPLICATION RATE	DILUTION RATE	TREATMENT DATE

*Key: GE - Ground/Electrostatic; GOVB - Ground/Over Vine Boom; GAB - Ground/Air Blast; GB - Ground Boom; AH - Helicopter; AF - Aerial/Fixed Wing; O - Other

APPLICATION HISTORY SUPPLIED BY (NAME/TITLE) _____ NO. OF DAYS BETWEEN LAST APPLICATION AND ENTRY BY THIS EMPLOYEE _____

D. EXPOSURE INFORMATION AND MEDICAL HISTORY

DERMATITIS SYMPTOMS EXPERIENCED

BURNING ITCHING BLISTERS DISCOLORATIONS HIVES OTHER _____

LOCATION(S) ON BODY

NECK CHEST/ABDOMEN BACK LEGS FACE/HEAD HANDS FOREARM

UPPER ARM FRONT OF ELBOW OTHER _____

PREVIOUS MEDICAL HISTORY

DERMATITIS ASTHMA HAY FEVER CHILDHOOD ECZEMA NONE OTHER _____

PROTECTIVE CLOTHING/EQUIPMENT WORN

LONG SLEEVES LONG PANTS GLOVES/CLOTH GLOVES/RUBBER SHOES/SOCKS OTHER _____

COMMENTS

REPORT PREPARED BY (NAME/TITLE)	DATE PREPARED	REPORT REVIEWED/APPROVED BY (NAME/TITLE)	DATE APPROVED