STATE OF CALIFORNIA

EPISODE WITNESS/INJURED/COMPLAINANT REPORT

PR-ENF-127B (REV. 8/07) PAGE 1 OF 1

DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

PAGE _______ OF _______

PRIORITY INVESTIGATION	OTHER I.D. NO.	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE
☐ YES # ______________ ☐ NO			MO DAY YR

COMPLAINT SIGNED	WAS DOCTOR VISITED	EXTENT OF INJURY/ILLNESS	ACTIVITY OF PERSON EXPOSED/INVOLVED
☐ YES ☐ NO ☐ N/A	☐ YES ☐ NO ☐ N/A	☐ Fatal ☐ Symptoms ☐ Serious ☐ Exposed Only	☐ Mixer/Loader ☐ Field Worker* ☐ Other* ☐ Applicator ☐ Public* Explain ______

WITNESS/INJURED/COMPLAINANT ☐ ☐ ☐

NAME	AGE	SEX	WHS NO.	NO. OF WORKDAYS LOST
ADDRESS	CITY		ZIP CODE	PHONE
MEDICAL FACILITY NAME	☐ TREATMENT PROVIDED ☐ OBSERVATION ONLY	HOSPITALIZED ☐ YES ☐ NO	DATE/TIME ADMITTED	DATE/TIME DISCHARGED
PHYSICIAN	ADDRESS			PHONE
SIGNS/SYMPTOMS EXPERIENCED				
EMPLOYER	ADDRESS			PHONE

PROTECTIVE MEASURES USED

EYES	HANDS	INHALATION	OTHER	ENGINEERING CONTROLS
☐ Safety Glasses	☐ Cloth/Leather Gloves	☐ Dust Mask	☐ Work Clothes	☐ Closed System
☐ Goggles	☐ Chemical Resistant Gloves	☐ 1/2 Face Respirator	☐ Coveralls ______	☐ Enclosed Cab
☐ Faceshield	☐ Other ______	☐ Full Face Respirator	☐ Chemical Resistant Clothes	☐ Enclosed Cab w/Air Purification
☐ Eye/Sun Glasses	☐ None	☐ SCBA	☐ Chemical Resistant Boots	☐ Other ______
☐ None		☐ None	☐ Head Covering	☐ None
			☐ Other ______	

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☐ None		☐ None	☐ Head Covering	☐ None
			☐ Other ______	

COMMENTS

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