State of California
Department of Pesticide Regulation
Enforcement Branch

PESTICIDE EPISODE INVESTIGATION NON-OCCUPATIONAL EXPOSURE SUPPLEMENT

PR-ENF-128 (Est. 12/03)

NAME OF PERSON INTERVIEWED	ADDRESS *(Number and Street, City, State, ZIP Code)*		
TELEPHONE NUMBER *(Include Area Code)*	COUNTY	DATE OF EXPOSURE	TIME OCCURRED ☐ AM ☐ PM
EXPOSURE SITE ☐ HOUSE ☐ APARTMENT ☐ SCHOOL ☐ VEHICLE TYPE_____ ☐ RETAIL ☐ OPEN AREA ☐ OTHER_____		NUMBER EXPOSED OUTDOORS _____ NUMBER EXPOSED INDOORS _____	IS EXPOSURE ONGOING? ☐ YES ☐ NO

DID ANYONE SEE A DOCTOR? ☐ YES ☐ NO	HOW MANY SAW A DOCTOR?	NAME OF DOCTOR/MEDICAL FACILITY
ADDRESS OF DOCTOR/MEDICAL FACILITY *(Number and Street, City, State, ZIP Code)*		TELEPHONE NUMBER *(Include Area Code)*
DATE(S) PERSONS SAW A DOCTOR	WAS ANYONE HOSPITALIZED? ☐ YES ☐ NO	IF "YES", HOW MANY PERSONS? IF "YES", LENGTH OF STAY (DAYS)

LOCATION OF EXPOSURE - BE SPECIFIC. USE PAGE 2, IF NEEDED; ATTACH A MAP, IF DESIRED.

DESCRIBE HOW EXPOSURE OCCURRED. DESCRIBE LOCATION, ACTIVITIES, WHAT HAPPENED, WHAT WAS SEEN, HEARD, SMELLED, TASTED, AND FELT. USE PAGE 2, IF NEEDED.

NAME OF PERSONS EXPOSED IN BUILDING (CONTINUE LIST ON PAGE 2, IF NECESSARY)	GENDER (M/F)	DATE OF BIRTH (OR AGE)	SYMPTOMS EXPERIENCED	HAVE SYMPTOMS RESOLVED?
(SPACE 1 IS FOR PERSON BEING INTERVIEWED) 1			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
2			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
3			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
4			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
5			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
6			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
7			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
8			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO

PESTICIDE ALLEGEDLY INVOLVED	REGISTRATION NUMBER FROM LABEL	COMMODITY/SITE TREATED
PERSON/FIRM ALLEGEDLY RESPONSIBLE	OWNER OR OPERATOR OF PROPERTY TREATED	

INVESTIGATOR'S NAME (PRINT)	INVESTIGATOR'S SIGNATURE	TITLE	DATE

(Over)

State of California
Department of Pesticide Regulation
Enforcement Branch
PESTICIDE EPISODE INVESTIGATION NON-OCCUPATIONAL EXPOSURE SUPPLEMENT
PR-ENF-128 (Est. 12/03) (Reverse)

NAME OF PERSONS EXPOSED IN BUILDING (CONTINUE LIST ON SEPARATE PAGE, IF NECESSARY)	GENDER (M/F)	DATE OF BIRTH (OR AGE)	SYMPTOMS EXPERIENCED	HAVE SYMPTOMS RESOLVED?
9			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
10			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
11			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
12			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
13			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
14			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
15			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO

CONTINUATION OF REMARKS *(EXPOSURE LOCATION, HOW EXPOSURE OCCURRED)*

INVESTIGATOR'S NARRATIVE

PLOT MAP