This form will help you record your notes about a pesticide incident or illness. The information can help investigators find out what happened.

**GENERAL INFORMATION**

*You do not need to provide personal information if you do not want to. You can file a complaint without giving your name or the name of anyone else.*

Your name __________________________________________________________

Your address __________________________________________________________

_____________________________________________________________________

Do you want a copy of the incident report mailed to you?  □ Yes  □ No

Your phone number __________________________________________________

Names of other witnesses (if you know them) __________________________________________________

_____________________________________________________________________

_____________________________________________________________________

**DESCRIBE WHAT HAPPENED**

Where the incident happened (please write in the street address or the general location) ________________________________

_____________________________________________________________________

_____________________________________________________________________

The date and time of the incident________________________________________

Was it:  □ Indoors   □ Outdoors

If it was indoors, was it:
□ At home   □ At a school   □ At work   □ Other (please specify)________________________

If it was outdoors, was it:
□ In your back yard   □ On your street   □ In a park
□ In your front yard   □ At a school playground   □ Along a road
□ In an agricultural field   □ Other ___________________________________________
Recognizing & Reporting Pesticide Problems

Incident Notes

How far away were you?
__________________________________________________________________________

What did you see? Describe what happened. For example, did you see a pesticide application nearby? Was there a spill or a leak? Was the pesticide being sprayed? Being mixed? Transported? ______________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If you saw it, describe the equipment being used to apply the pesticide

☐ A tractor. Was the tractor spraying up or down?  ☐ Up  ☐ Down
☐ A hand-held or backpack sprayer  ☐ A helicopter  ☐ An airplane
☐ Other ______________________________

Use this space to make notes about the color, license number, or other markings on the equipment used to apply the pesticide: __________________________________________
__________________________________________________________________________
__________________________________________________________________________

Did you see any dust or particles?  ☐ Yes  ☐ No

Describe the weather:

Wind          Wind direction from the:     Skies
☐ No wind     ☐ North                    ☐ Clear
☐ Light breeze ☐ South                   ☐ Cloudy
☐ Medium wind ☐ East                     ☐ Foggy
☐ Strong wind ☐ West                     ☐ Raining/drizzling
☐ Gusty winds ☐ From direction of this landmark: ____________________________

If you know, what was the name of the pesticide? ______________________________

If you know the name of the company, utility, or government agency doing the application (for example, you saw their truck), write it here: ______________________________
WHAT WERE THE EFFECTS?

Did you smell or taste anything unusual? If so, describe it as best you can. Try to associate the odor with something familiar, like rotten eggs, sweet or sour chemicals, garlic, or chlorine. Some other descriptions are oily, metallic, sharp, burning, light or heavy.

__________________________________________________________________________________________

__________________________________________________________________________________________

Did you feel anything on your skin, eyes, or clothing? □ Yes □ No

Did you inhale fumes? □ Yes □ No

Did you eat contaminated food? □ Yes □ No If yes, what was it? ____________________________

Was anyone injured? □ Yes □ No

If yes, when did they start feeling sick? ______________________________________________________

__________________________________________________________________________________________

Name of the injured person, or the type of animal or plant injured. ____________________________

(You don’t have to provide names or other personal information, if you do not want to.)

Address of injured person ___________________________________________________________________

__________________________________________________________________________________________

(If you know the names of other people who were injured, you can write them below)

What were their symptoms? What part of the body was affected? How long did the symptoms last?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Did the injured person go to the doctor or to the hospital? If so, please list the name of the doctor or hospital, and phone number if you have it. ____________________________________________