STATE OF CALIFORNIA

PESTICIDE EPISODE INVESTIGATION SUPPLEMENTAL REPORT

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DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

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LOCATION/SUBJECT	PRIORITY/WHS NO.	OTHER I.D. NO.	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE MO DAY YR

REPORT/TYPE

☐ NARRATIVE CONTINUATION ☐ SUPPLEMENTAL REPORT ☐ OTHER REPORT _____

REMARKS

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