STATE OF CALIFORNIA

PESTICIDE EPISODE INVESTIGATION REPORT

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

DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

Page _____ of _____

A. GENERAL INFORMATION

RECEIVED BY	RECEIVED FROM	REPRESENTING	DATE/TIME RECEIVED ☐ AM ☐ PM

PERSON NOTIFIED / DATE

DFA _____ _____
DFG _____ _____
DPH _____ _____
DIR _____ _____
EPA _____ _____
CAC _____ _____
OTHER _____ _____

TYPE OF EPISODE
☐ HUMAN EFFECTS #_____ ☐ ENVIRONMENTAL EFFECTS
☐ PROPERTY LOSS $_____ ☐ OTHER

PRIORITY INVESTIGATION
☐ YES # _____
☐ NO

OTHER I.D. NO.	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE MO DAY YR	TIME ☐ AM ☐ PM

EPISODE LOCATION

B. INJURED/COMPLAINANT INFORMATION

COMPLAINT SIGNED ☐ YES ☐ NO ☐ N/A

DOCTOR VISITED ☐ YES ☐ NO ☐ N/A

EXTENT OF INJURY/ILLNESS
☐ Fatal ☐ Symptoms
☐ Serious ☐ Exposed Only

ACTIVITY OF PERSON EXPOSED/INVOLVED
☐ Mixer/Loader ☐ Field worker* ☐ Other*
☐ Applicator ☐ Public* *Explain _____

NAME	AGE	SEX	WHS NUMBER	WORKDAYS LOST

ADDRESS *(Number and Street, City, State, ZIP Code)* — PHONE

MEDICAL FACILITY NAME	☐ TREATMENT PROVIDED ☐ OBSERVATION ONLY	HOSPITALIZED ☐ YES ☐ NO	DATE/TIME ADMITTED	DATE/TIME DISCHARGED

PHYSICIAN	ADDRESS *(Number and Street, City, State, ZIP Code)*	PHONE

SIGNS/SYMPTOMS EXPERIENCED

EMPLOYER	ADDRESS *(Number and Street, City, State, ZIP Code)*	PHONE

PROTECTIVE MEASURES USED

EYES
☐ Safety Glasses
☐ Goggles
☐ Faceshield
☐ Eye/Sun Glasses
☐ None

HANDS
☐ Cloth/Leather Gloves
☐ Chemical Resistant Gloves
☐ Other _____
☐ None

INHALATION
☐ Dust Mask
☐ 1/2 Face Respirator
☐ Full Face Respirator
☐ SCBA
☐ None

OTHER
☐ Work Clothes
☐ Coveralls _____
☐ Chemical Resistant Clothes
☐ Chemical Resistant Boots
☐ Head Covering
☐ Other _____

ENGINEERING CONTROLS
☐ Closed System
☐ Enclosed Cab
☐ Enclosed Cab w/Air Purification
☐ Other _____
☐ None

C. ENVIRONMENTAL OR PROPERTY DAMAGE

DESCRIPTION OF DAMAGE	AMOUNT/VALUE

OWNER	ADDRESS *(Number and Street, City, State, ZIP Code)*	PHONE

D. ALLEGED RESPONDENT(S)

☐ PCA ☐ DEALER ☐ PILOT ☐ GROWER ☐ AGENCY ☐ OTHER _____

NAME	PHONE	LICENSE/PERMIT NUMBER	RECOMMENDATION MADE ☐ YES # ☐ NO

ADDRESS *(Number and Street)*	EMPLOYER'S NAME	PHONE

City, State, ZIP Code	EMPLOYER'S ADDRESS *(Number and Street)*

*EXPLAIN	*City, State, ZIP Code*

PESTICIDE NAME/MANUFACTURER	EPA REGISTRATION NUMBER	CATEGORY	DOSE/DILUTION/VOLUME	TREATMENT DATE	COMMODITY/SITE TREATED

EQUIPMENT TYPE/MAKE/MODEL/DESCRIPTION

SUMMARIZE THE EPISODE INCLUDING A DETAILED DESCRIPTION OF EVIDENCE TAKEN (Use Pesticide Episode Investigation Supplemental Report form PR-ENF-127A if additional space is needed)

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