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 ☐ YES # _____ ☐ NO | **OTHER I.D. NO.** | **COUNTY OF OCCURRENCE** | **DATE OF OCCURRENCE** MO DAY YR

COMPLAINT SIGNED ☐ YES ☐ NO ☐ N/A | **WAS 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 _____

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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			☐ Other _____	

COMMENTS

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