

STATE OF CALIFORNIA  
**FIELD WORKER DERMATITIS**  
**SUPPLEMENTAL REPORT**  
 PR-ENF-127D (REV. 8/07) PAGE 1 OF 1

WHS NUMBER	OTHER I.D. NO.	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE
			MO          DAY          YR

**A. PERSON(S) PROVIDING INFORMATION**

PERSON(S) CONTACTED DURING THE INVESTIGATION

EMPLOYEE     EMPLOYER     SUPERVISOR/FOREMAN     CO-WORKER     RELATIVE     OTHER \_\_\_\_\_

DID ABOVE PERSON(S) SPEAK ENGLISH?     YES     NO    TRANSLATOR'S NAME \_\_\_\_\_

**B. COMMODITY AND WORK ACTIVITY INFORMATION**

CAN THE ONSET OF SYMPTOMS BE IDENTIFIED?     YES \_\_\_ / \_\_\_ / \_\_\_     NO

COMMODITY TREATED \_\_\_\_\_    SITE I.D. NUMBER \_\_\_\_\_    BLOCK I.D. \_\_\_\_\_    VARIETY TREATED \_\_\_\_\_

DERMATITIS SYMPTOMS EXPERIENCED

DUSTY     POISON OAK     RAGWEED/MAYWEED     GENERALLY WEEDY     BITING INSECTS     WET     OTHER \_\_\_\_\_

SPECIFIC WORK ACTIVITY AT ONSET OF SYMPTOMS (LAST 2 TO 3 DAYS)

WEEDING     PRUNING     PULLING LEAVES     TIPPING     TURNING CANE     PROPPING

HARVESTING     IRRIGATING     THINNING     OTHER \_\_\_\_\_

**C. APPLICATION HISTORY (LAST 30 TO 60 DAYS) FOR FIELD OF ONSET**

PESTICIDE NAME/MANUFACTURER	EPA REGISTRATION NUMBER	APPLICATION METHOD*	APPLICATION RATE	DILUTION RATE	TREATMENT DATE

\*Key: GE - Ground/Electrostatic; GOVB - Ground/Over Vine Boom; GAB - Ground/Air Blast; GB - Ground Boom; AH - Helicopter; AF - Aerial/Fixed Wing; O - Other

APPLICATION HISTORY SUPPLIED BY (NAME/TITLE) \_\_\_\_\_    NO. OF DAYS BETWEEN LAST APPLICATION AND ENTRY BY THIS EMPLOYEE \_\_\_\_\_

**D. EXPOSURE INFORMATION AND MEDICAL HISTORY**

DERMATITIS SYMPTOMS EXPERIENCED

BURNING     ITCHING     BLISTERS     DISCOLORATIONS     HIVES     OTHER \_\_\_\_\_

LOCATION(S) ON BODY

NECK     CHEST/ABDOMEN     BACK     LEGS     FACE/HEAD     HANDS     FOREARM

UPPER ARM     FRONT OF ELBOW     OTHER \_\_\_\_\_

PREVIOUS MEDICAL HISTORY

DERMATITIS     ASTHMA     HAY FEVER     CHILDHOOD ECZEMA     NONE     OTHER \_\_\_\_\_

PROTECTIVE CLOTHING/EQUIPMENT WORN

LONG SLEEVES     LONG PANTS     GLOVES/CLOTH     GLOVES/RUBBER     SHOES/SOCKS     OTHER \_\_\_\_\_

**COMMENTS**

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