

STATE OF CALIFORNIA
ANTIMICROBIAL EXPOSURE EPISODE REPORT
 PR-ENF-182 (EST. 10-91) PAGE 1 OF 1

DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH

PAGE ____ OF ____

PRIORITY/WHS NUMBER	OTHER IDENTIFICATION NUMBER	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE			
				MO	DAY	YR
INJURED PERSON'S NAME		ADDRESS	AGE	SEX	DAYS IN HOSPITAL	WORKDAYS LOST
EMPLOYER NAME		ADDRESS	TYPE OF BUSINESS			

SPECIFIC WORK ACTIVITY AT TIME OF EXPOSURE (i.e., Cleaning Tables, Mopping Floors, Etc.)

SITE/AREA TREATED

SIGNS/SYMPTOMS EXPERIENCED

PROTECTIVE MEASURES USED AT TIME OF INCIDENT

EYE PROTECTION

GOGGLES
 FACESHIELD
 SAFETY GLASSES
 EYE/SUN GLASSES
 NONE

OTHER _____

HAND/ARM PROTECTION

CHEM. RESISTANT GLOVES (WRIST LENGTH)
 CHEM. RESISTANT GLOVES (ELBOW LENGTH)
 DISPOSABLE GLOVES

CLOTH/LEATHER GLOVES
 NONE
 OTHER _____

OTHER PROTECTIVE EQUIPMENT

CHEM. RESISTANT CLOTHES
 CHEM. RESISTANT BOOTS
 DISPOSABLE COVERALLS
 CLOTH COVERALLS

RESPIRATORY PROTECTION TYPE _____
 ENGINEERING CONTROL(S) TYPE _____
 NONE
 OTHER _____

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

SUMMARY OF EXPOSURE EPISODE (Use Pesticide Episode Investigation Supplemental Report If Additional Space is Needed)

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