

**PESTICIDE EPISODE NOTIFICATION RECORD**

DPR-ENF-114 (REV. 01/25)

AMENDED?  YES  NO

PAGE \_\_\_\_\_ OF \_\_\_\_\_

PREPARED BY	SOURCE OF INFORMATION	DATE RECEIVED	TIME
REPORTABLE INVESTIGATION NUMBER	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE	TIME
TYPE OF EPISODE ( <i>Check one or more</i> ): <input type="checkbox"/> HUMAN EFFECTS # _____ <input type="checkbox"/> SPECIAL INCIDENTS: <input type="checkbox"/> DEATH <input type="checkbox"/> ENVIRONMENTAL EFFECTS <input type="checkbox"/> ECONOMIC LOSS _____		EPISODE LOCATION  GPS COORDINATES      SECTION    TOWNSHIP    RANGE    B AND M  NEAREST CROSS STREETS	

BASIS - PLEASE CHECK ALL APPLICABLE BOXES IF IT **APPEARS** THAT ANY OF THE FOLLOWING APPLIES:

- |                                                                    |                                                                        |                                                                                               |                                                                            |
|--------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> IN-PATIENT STATUS - LESS THAN 24 HOURS    | <input type="checkbox"/> AIR - OFFICIAL EVACUATION                     | <input type="checkbox"/> GAME FISH - 25 OR MORE                                               | <input type="checkbox"/> SPECIAL INCIDENT - ILLEGAL PESTICIDE RESIDUES     |
| <input type="checkbox"/> IN-PATIENT STATUS - MORE THAN 24 HOURS    | <input type="checkbox"/> LAND - 1/2 ACRE OR MORE FOR 1 YEAR            | <input type="checkbox"/> LIVESTOCK OR DOMESTICATED ANIMAL - 1 OR MORE                         | <input type="checkbox"/> SPECIAL INCIDENT - SPILL, FIRE, IMPROPER DISPOSAL |
| <input type="checkbox"/> SYMPTOMS - 5 OR MORE PEOPLE               | <input type="checkbox"/> MANAGED POLLINATORS - 10 OR MORE HIVES        | <input type="checkbox"/> NON-TARGET MAMMALS, REPTILES, OR TERRESTRIAL AMPHIBIANS - 5 OR MORE  | <input type="checkbox"/> SPECIAL INCIDENT - HOMELAND SECURITY              |
| <input type="checkbox"/> SCHOOL - SCHOOL PROPERTY OR SCHOOL BUSES  | <input type="checkbox"/> RAPTORS - 3 OR MORE                           | <input type="checkbox"/> LARGE MAMMALIAN OR REPTILE PREDATORS OR MEGAFUNA SPECIES - 1 OR MORE | <input type="checkbox"/> SPECIAL INCIDENT - TRIBES                         |
| <input type="checkbox"/> ECONOMIC LOSS - 20% OF CROP YIELD OR MORE | <input type="checkbox"/> NON-RAPTOR BIRDS - 10 OR MORE                 | <input type="checkbox"/> FEDERALLY LISTED ENDANGERED SPECIES - 1 OR MORE                      | <input type="checkbox"/> SPECIAL INCIDENT - STATES                         |
| <input type="checkbox"/> DRINKING WATER - 10 OR MORE HOMES         | <input type="checkbox"/> NON-TARGET FISH/AQUATIC ANIMALS - 100 OR MORE | <input type="checkbox"/> SPECIAL INCIDENT - STATE ENDANGERED SPECIES                          | <input type="checkbox"/> SPECIAL INCIDENT - EQUIPMENT                      |

BRAND NAME OF PESTICIDE/ACTIVE INGREDIENT	REGISTRATION # FROM LABEL	CAT.	COMMODITY/SITE TREATED	DATE

SUMMARY OF EPISODE/DAMAGE (*Continue on page 2, if necessary*):

PERSON/BUSINESS ALLEGEDLY RESPONSIBLE FOR EPISODE/DAMAGE

IF ENVIRONMENTAL EFFECTS OR PROPERTY LOSS: BUSINESS NAME OR OWNER (*First name and Last name*) AND ADDRESS (*Number and Street, City, State, ZIP Code*)

INVESTIGATING AGENCY(IES)	AGENCY NOTIFICATION
SUSPECTED VIOLATIONS:	U.S. EPA: Ms. Susan Morales
	CAC:
	DIR: Mr. Garrett Keating
	CDPH: Dr. Justine Weinberg
	OEHHA: Dr. James Nakashima, Dr. Ouahiba Laribi, Dr. Alanna Bares
DPR ROUTING:	OTHER:
	OTHER:
	DATE SENT:

CDPR-Reportable Investigation Notification Group

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
**PESTICIDE EPISODE NOTIFICATION**  
**RECORD** DPR-ENF-114 (REV. 01/25) (REVERSE)

DPR ENFORCEMENT BRANCH  
1001 I STREET, P.O. BOX 4015  
SACRAMENTO, CALIFORNIA 95812-4015  
[www.cdpr.ca.gov](http://www.cdpr.ca.gov)

REPORTABLE INVESTIGATION NUMBER: \_\_\_\_\_

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SUMMARY OF EPISODE/DAMAGE, Continued (*Continue on supplemental form, DPR-ENF-116, if necessary*):