

LOCATION/SUBJECT	REPORTABLE INVESTIGATION/WHS NO.	OTHER I.D. NO.	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE
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**INSTRUCTIONS: Make All Measurements Approximate Unless Diagram is to Scale (Indicate Scale Used)**



LEGEND AND COMMENTS (*Use Pesticide Episode Investigation Supplemental Report if additional space for comments is needed*)

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