

IV. THE INVESTIGATIVE REPORT

A. General Comments

The investigative report should only state the facts and contain all relevant evidence. You must maintain an impartial position at all times and the report must not reflect personal opinions. Information about farming practices, etc., that is generally accepted as common knowledge within the industry, but may not be known by DPR staff, hearing officers, and others who review the investigative reports can be included in the report. Findings that do not support the allegation can also be included as they can help direct the reviewer to form a valid conclusion and, in addition, demonstrate the thoroughness of the investigation. Omitting information from the report can lead to the conclusion that you failed to investigate all aspects of the incident.

Based on the information obtained during the investigation, you must only draw conclusions within his/her scope of expertise. For example, conclusions pertaining to violations of the laws and regulations fall within your expertise. **Do not make conclusions based on medical information discovered during the investigation or draw conclusions about the relationship of the exposure and the illness.** This falls outside the scope of your expertise and is the role of the Pesticide Illness Surveillance Program's Scientists.

B. Report Writing:

Your report is the definitive record of an investigation. It is an orderly account of where you went, what you did, who you spoke with, and all of the information and evidence you obtained relevant to the incident. It answers the questions of who, what, when, where, why and how. The report should be logical and accurate, as well as complete and concise. A well-written report gives the reader confidence in your education, experience, objectivity, and professionalism, as well as reflecting positively on your department. When writing reports, do the following:

- Write in the first person and active voice
- Keep sentences simple and direct
- Use everyday language when possible, but beware of emotionally loaded terms that could lead people to question your objectivity
- Include enough detail that those who were not involved with the case, or unfamiliar with local conditions, practices, and the laws and regulations can follow your report. In addition to DPR and your supervisors, your reports may be read or used by hearing officers, district attorneys, the respondents, and the public.

Identify all the areas of regulatory concern that you investigated. Document or collect evidence that support all violations but do not exclude information that supports compliance with laws and regulations. Remember DPR and your supervisors use your reports to assess the need for enforcement action. If you identify any violations, the report must identify those violations and supply information from which to gauge the degree or severity of violation.

The report should identify the source of all information and statements included in the report. When referring to people in the report, use the initial of their first name followed by their last name. Type the name in capital letters. Handling names in the report this way will assist staff in removing the names to fulfill public disclosure of records requests.

Example: John Doe would be referred to as J. DOE

C. Standard Narrative Format

To facilitate well-organized and informative investigative reports, the report must include the following standard narrative elements.

Summary: One paragraph summarizing the incident.

Background Information: Pertinent background information related to the incident.

Violations: List all violations of the laws, regulations, and labeling found during the investigation, including violations that did not contribute directly to the incident.

Witnesses: List of all witnesses involved in the incident. For each person, list his/her name, employer (if applicable), address, and telephone number.

Investigation and Statements: The narrative portion of the investigation report detailing how the incident occurred. Witness interview statements/summaries are included in this section. For each interview, state the date and time of the interview, who conducted the interview, how you conducted the interview (i.e., in-person, over the telephone), where you conducted the interview, the translator (if applicable), and if anyone else was present during the interview.

Findings: Summarize the investigative findings supported by the evidence. Provide information identifying and supporting the elements of any violations found during the investigation.

Attachments: List of supporting evidence for the investigation.

D. Investigation Report Forms – Overview

For all pesticide investigations, the PEIR form (PR-ENF-127) must be completed. If all the information is entered into the CalPEATS investigation page, a separate PR-ENF-127 does not need to be filled out and attached.

Use the following guidelines to complete the PEIR form series (PR-ENF-127 and PR-ENF-127 A through D,). Begin the summary of the investigation on the PR-ENF-127 face sheet. State "refer to narrative" or "see attached" only to indicate continuation if sufficient space is not

available on the face sheet. It is not necessary to repeat information in the narrative that is clearly stated on the face sheet.

If you need additional space or to update information at a later time, use the Supplemental Report form (PR-ENF-127A). Typed narrative reports may be substituted for the supplemental form.

When several people are involved as witnesses, complainants or injured, record each person on the Episode Witness/Injured/Complainant Report form (PR-ENF-127B) to record specific personal data. All illnesses stemming from the same incident can be summarized in one report to avoid the need to prepare several similar narrative reports. You may find this particularly useful for human cluster illness incidents.

Include a map or sketch to show damage patterns or sampling locations. Use the Episode Site Diagram form (PR-ENF-127C) for this purpose. Existing farm maps may be substituted, when appropriate.

Agricultural field workers with dermal symptoms require you to gather certain specific information relevant to the situation. Use the Field Worker Dermatitis Supplemental Report form (PR-ENF-127D) to document activities that were performed. The simple check box format helps avoid the need for long narrative reports. The following table lists the forms and their use for episode investigation reports.

Form #	Title	Use
PR-ENF-127	Pesticide Episode Investigation Report (PEIR)	Required for all investigative reports.
PR-ENF-127A	Pesticide Episode Investigation Supplemental Report	Narrative report. Typed reports may be submitted on regular copy paper.
PR-ENF-127B	Episode Witness/Injured/Complainant Report	Reporting of additional persons involved (exposed, witnesses or complainants).
PR-ENF-127C	Episode Site Diagram	Detailed diagram of incident area. Existing permit maps may be substituted, when appropriate.
PR-ENF-127D	Field Worker Dermatitis Supplemental Report	Provides specific information relevant to field worker dermal exposure.

E. Investigation Report Forms: Completing the Forms

1. Pesticide Episode Investigation Report (PR-ENF-127)

The following guides you in completing the Pesticide Episode Investigation Report form (PR-ENF-127). PR-ENF-127 Form is the first page of all reports.

General Information:

Page: Use the space to indicate the total number of pages in the report excluding appended records or other supporting evidence.

Received By: State the name of the person within the investigating agency who first received notification about the incident. Do not use this line to record internal agency assignment of investigative duties. The purpose of this information is to document the official notification of the occurrence of the incident and the beginning of the investigation.

Received From: Record the name of the person who provided the first notification of the incident to the investigating agency.

Representing: Record the agency, firm, or organization of person giving the notification.

Date/Time Received: Record the date and time of notification.

Type of Episode: Check the appropriate box(es) that apply. If human effects, indicate the number of people involved. If property loss/damage, indicate the estimated value. If a Report of Loss was filed, use the reported value estimate. Identify the source of the value estimate in the narrative, if not otherwise identified. If an environmental effect, identify the type of effect. If none of the above, check other and explain.

Reportable Investigation: If the investigation involves reportable investigation criteria, , check “yes” and record the reportable investigation number assigned by DPR. Otherwise, check “no”.

Other I.D. No.: An optional box the CAC may use for a separate CAC tracking number or for an identifying number assigned by another governmental agency. There are separate boxes for WH&S case number and reportable investigation number.

County of Occurrence: Write the name of the county where the incident occurred. Do not substitute the designated county number.

Date/Time of Occurrence: Record the date and time the incident occurred. The date must reflect the actual date of occurrence, which may differ from the date listed on the PIR/DFROI.

Episode Location: Clearly and concisely state where the incident occurred (i.e., name of business/place of employment, address of private residence, field identification number).

Person Notified/Date: For each of the listed agencies, identify anyone notified of the incident. Record the date of notification.

Injured/Complainant Information:

Complaint Signed: Indicate "yes" if the complainant filed a Report of Loss, Nonperformance or Damage form (PR-ENF-008), Report of Human Exposure or Unsafe Condition form (PR-ENF-074) or a signed written statement, otherwise check "no" or "N/A" as appropriate.

Doctor Visited: Check "yes" or "no" to indicate whether the injured person or complainant sought medical attention following the alleged exposure. Check "N/A" if the incident does not involve human effects.

Extent of Injury/Illness: This box is applicable only to incidents involving *human effects*. Check the appropriate box to indicate the effects. Check one of the following:

- Fatal: The person died.
- Serious: The person required hospital admission as "in-patient status."
- Symptoms: The person had signs or symptoms but was not admitted to the hospital as "in-patient status" or did not seek medical care.
- Exposed only: The person was exposed but did not experience signs or symptoms of illness or injury.

Activity of Person Exposed/Involved: Indicate the individual's specific activity when the exposure occurred. This may be different from occupation. This applies to *both* agricultural and non-agricultural cases. Check one of the following:

- Mixer/loader: The exposure occurred while the individual prepared a pesticide for application.
- Applicator: The exposure occurred while the individual applied a pesticide (including antimicrobial pesticides) by any method. Field workers applying pesticides in irrigation water (chemigation) are considered applicators.
- Field worker*: The exposure occurred while the individual worked in an agricultural field and was not involved in a pesticide handling process.
- Public*: The exposure occurred while the individual was not working.
- Other*: The exposure occurred in an occupational setting other than those named above.

*If an individual becomes ill after mixing, loading and applying a pesticide, and cannot identify an exposure event, check both activities.

*Specify the individual's activity in the "explain" space if "field worker", "public", or "other" is checked.

Name, Address, Age, Gender (Sex), and Phone: Complete the personal identification information about the injured/complainant.

WH&S No.: Enter the assigned WH&S number (i.e. 20XX-XXX). For human effects incidents, WH&S assigns each individual a separate case number. For episodes identified by alternate

means, there may be no WH&S number. In this case, leave the WH&S number blank.

Workdays Lost: Indicate the number of days the injured/complainant remained off work (or other accustomed activity, such as school attendance) or were unable to return to their normal activities due to the effects of the alleged exposure.

- Do not count the day the person was first injured and/or sought medical attention.
- Do not include the individual's normal day(s) off in the total number of workdays lost. If disability status is ongoing, indicate "indefinite" in the box and explain in the narrative.
- If the affected person was not able to be interviewed or could not recall if he/she experienced a period of disability, enter "unknown". Days lost should be recorded in full days. *N/A is not an acceptable entry.*

Medical Facility Name: Record the name of the medical facility (hospital, clinic, etc.) where the person sought medical attention.

Treatment/Observation: Check "treatment provided" if the individual received treatment by a physician or medical facility. Check "observation only" if medical personnel evaluated the individual, but provided no treatment.

Hospitalized: Was the patient formally admitted to the hospital (inpatient status: check yes or no).

Date and Time Admitted/Discharged: Record the date and time of both hospital admission *and* discharge. If the doctor admits the individual directly from the emergency room, count the time spent in the emergency room as hospitalization.

Physician, Address, Phone: Complete the information about the principal attending physician.

Signs/Symptoms: List the effects attributed to the exposure by the injured person and/or the physician. Acquire the information by interviewing the injured person to verify the information provided on the PIR/DFROI, as it may be incomplete or inaccurate.

Employer, Address, Phone: Record the information about the injured person's employer at the time of the exposure. If self-employed, state "self-employed" in this space and the nature of their business.

Protective Measures (Engineering Controls and Personal Protective Equipment) Used: **This section is very important in determining the cause of the illness/injury and how it may have been prevented.** Check the boxes that most accurately describe the protective measures worn or used by the injured/complainant at the time of the alleged exposure. If the protection used is not listed, check "Other" and explain in the space provided. If no protective measures

were used, check "none". **Fill out this section even for non-handling activities. N/A is not an acceptable entry.** Additional information is listed below for some of the check boxes:

- **Safety glasses:** Safety glasses as specified in 3CCR section 6738.2
- **Work Clothing:** Work clothing as defined in 3CCR section 6000. This could also include an individual wearing street clothes in non-occupational cases.
- **Coveralls:** Employer-provided garment meeting specifications listed in 3CCR section 6000, Coverall definition. Specify the type of coverall (i.e., cloth, disposable) worn.
- **Chemical-Resistant Clothes:** Employer-provided clothing made of specific materials that meet the specifications listed in 3CCR section 6000, Chemical Resistant definition.
- **Other:** Check this box when the type of clothing/equipment matches no existing protective measures category. Do not check "Other" and enter "None" for "Other Protective Measures" unless the individual wore no clothes. For an individual wearing ordinary street clothes, it is suggested to check "Work Clothes".
- **Closed System:** A procedure for handling pesticides that avoids hand-pouring and meets the specifications listed in 3CCR section 6746, Closed System definition.
- **Enclosed Cab:** A chemical-resistant barrier meeting the specifications listed in 3CCR section 6000, Enclosed Cab definition.

Environmental or Property Damage:

Description of Damage: Describe the damage and nature of the effects.

Amount/Value: Record the amount or value as estimated by the complainant or by you. This value may be stated in terms of acres, tons, trees, or dollar amounts. Identify the source of the estimate in the narrative.

Owner, Address, Phone: Record the information of the property owner. For leased fields, list the lessee. If the owner is listed as the injured or complainant, state "same as above".

Alleged Respondents:

Status: If you suspect a person or company (PCA, dealer, etc.) of being responsible for the incident, check their status. If "other" is checked, explain in the space provided at the bottom of the Alleged Respondents section.

Name, Address, And Phone: Complete with the information known about the person or firm suspected of being responsible for the incident. If a licensee, record the name as it appears on the license.

License/Permit No.: If the person or firm holds a license, operator ID or restricted permit that was issued by DPR, SPCB or CAC, record the type and number. If more than one, record the type most directly related to activities that allegedly contributed to the incident.

Recommendation Made: Indicate if a Licensed Agricultural Pest Control Adviser (PCA) made a recommendation for the application. If a PCA made the recommendation, record the number in the space provided.

Employer's Name, Address: Record the name and address of the respondent's employer. If self-employed, state "self-employed". For non-occupational cases, put "N/A".

Pesticide Information:

Pesticide Name/Manufacturer: Record the full name of the pesticide product (i.e., Roundup Pro Herbicide®, not Roundup) and the manufacturer. Record this information for all pesticides (including adjuvants) as well as any fertilizers or other components in the tank mix. For cases involving residue, list all materials applied to the field(s) of interest for the previous 30 days. List the pesticides from the most recent application in the provided space and identify the balance in the narrative. For cases involving non-pesticidal chemicals, list the product name and manufacturer in the provided space. For incidents involving no chemicals, put "N/A".

EPA Registration Number or California Registration Number: Enter the EPA or California Registration Number from the pesticide product label, including the sub-registrant number, if applicable. Since most product labels do not include California's alpha code, obtain the code from the Registration Branch or from the DPR label database. This includes adjuvants that are not federally registered but require California registration (i.e., muriatic acid used for a swimming pool). The California Registration Number for these products can be obtained from the DPR product label database. If you are unable to obtain the pesticide product registration information, indicate "unknown". Do not attempt to obtain pesticide registration information via the internet or by visiting the vendor.

Category: Enter the toxicity category of the pesticide product as indicated by the signal word on the label.

- Category I – DANGER/POISON
- Category II - WARNING
- Category III - CAUTION
- Category IV - None required

Dose/Dilution/Volume: Enter the amount of pesticide product, diluent, and mixture applied per unit (for example: 2 lb. product/100 gallons water/acre).

Treatment Date: Record the date of application or use. Commodity/Site Treated: Record the crop, site, or item treated.

Equipment Type/Make/Model/Description: Identify the specific type(s) of application equipment used in the incident. For incidents where more than one pesticide application may have been contributory, list the specific type of equipment for each application. Examples of equipment include helicopter, air blast sprayer, boom sprayer, backpack sprayer, and hand pump sprayer. Be sure to include any identification number used by the firm. Describe the location and configuration of the nozzles. Record the use of electrostatic equipment or other technologies. **Entering only the manufacturer's name is not adequate.**

Episode Narrative:

Use the Standard Narrative Format listed in Section IV C.

Signatures:

Report Prepared By: Sign and date the report when it is completed.

Report Reviewed/Approved By: Name, title and signature of CAC supervisor or deputy commissioner who reviewed the report, and date it was approved.

2. Pesticide Episode Investigation Supplemental Report (PR-ENF-127A)

The following is a guide for completing the Pesticide Episode Investigation Supplemental Report form (PR-ENF-127A). Use this report form for the standard narrative report format. Typed narrative reports may be substituted for this form.

Page: Indicate where in the sequence of the report this sheet is located (i.e. page 7 of 15).

Location/Subject: Use a title or statement to identify the incident to which this relates (such as the name of injured/complainant or nature of effects).

Reportable Investigation/ WH&S No.: If the incident is a Reportable Investigation, record the assigned reportable investigation number in this box. If the incident is not a reportable investigation and involves human exposure, record the WH&S number(s) in this box (if one has been assigned).

Other I.D. No., County of Occurrence & Date of Occurrence: See instructions for PR-ENF-127.

Narrative Continuation/Supplemental Report: Check the "narrative continuation" box if the form is used with the PR-ENF-127. If the form is used to amend a report or add additional information to a previous report, check "supplemental" report. If neither of these entries apply, check "other" and explain.

Remarks: See "Standard Narrative Format" under section IV (C) to facilitate well-organized and informative investigative reports. Within the narrative report and include all available information obtained during the investigation (see section II for information to include).

Report Prepared By & Report Reviewed/Approved By: See instructions for PR-ENF-127.

3. Episode Witness/Injured/Complainant Report (PR-ENF-127B)

Use the following as a guide when completing the Episode Witness/Injured/Complainant supplement (PR-ENF-127B) of the Pesticide Episode Investigation Report. Use this report form to record information about other people involved in the episode. A face sheet (PR-ENF-127) must be submitted with the report even when using this form.

The Witness/Injured/Complainant section must be completed for each injured person. For the first person identified, complete this information on the et. All other people should be put on the Episode/Witness/Injured/Complaint form (PR-ENF-127B). DPR will return Pesticide Episode Investigation Reports submitted without this section completed for those injured.

Page: Indicate where in the sequence of the report this sheet is located.

For all other sections of this form, refer to the corresponding instructions for PR-ENF-127.

4. Episode Site Diagram (PR-ENF-127C)

Use the following information as a guide:

Page, Location/Subject, Reportable/ WH&S No., Other I.D. No., County of Occurrence & Date of Occurrence: See instructions for PR-ENF-127A.

Site Diagram: Draw, sketch, or include a digital diagram or map of the area that shows all pertinent information. Be sure to indicate the direction and all pertinent landmarks.

Legend and Comments: Include any information that will make the map readable.

Report Prepared By & Report Reviewed/Approved By: See instructions for PR-ENF-127.

5. Field Worker Dermatitis Supplemental Report (PR-ENF-127D)

The following is a guide for completing the Field Worker Dermatitis supplement (PR-ENF-127D) of the Pesticide Episode Investigation Report. Use this form only for agricultural field worker (not mixer/loader, applicator) dermatitis cases. A separate form should be completed for each injured employee. The Pesticide Episode Investigation Report must still be filled out for cases requiring this form.

Page, WH&S No., Other I.D. No., County of Occurrence & Date of Occurrence: See Instructions for PR-ENF-127A.

Person Providing Information:

Person Contacted: Check appropriate boxes for all person(s) contacted during the investigation.

Translation: Check appropriate box if the contacted person(s) speak English. Enter the name of person who served as the translator during the interview, if necessary.

Commodity and Work Activity Information:

Date of onset: Can the person recall when the dermatitis was first noticed? If so, please record the date in the space provided.

Record the commodity and site worked on the date of onset. Also record the site I.D. number, the block I.D., and the variety.

Field Condition: Check any of the field conditions the worker remembers, even if the exact location cannot be identified. When checking the “Other” box, please specify the field condition.

Specific Work Activity: Check the **specific** work activity of the worker when he/she first noticed the rash. When checking the “Other” box, please specify the type of work activity.

Application History:

Application History for Field of Onset: List all pesticides (including adjuvants) applied to the field within the previous 30 days. If no pesticide applications occurred within the previous 30-day period, list the most recent application made to the field in question.

Application History Supplied By: Record the name and title of the person who provided the information for the application history.

Time Before Entry: Record the actual number of days between the last application and entry by the injured person. This may have no relationship to the legal reentry interval.

Exposure Information and Medical History:

Dermatitis Symptoms Experienced: Check all boxes that apply to indicate the nature of the dermatitis. When checking the “Other” box, please specify the type of dermatitis symptom.

Location(s) on the Body: Check all boxes that apply to indicate the areas of the body affected. When checking the “Other” box, please specify the body part involved.

Previous Medical History: Indicate if the employee recalls having a previous history of any of the conditions listed.

Protective Clothing Worn: Check the appropriate box to indicate what the employee remembers wearing to work at the onset of the dermatitis. When checking the “Other” box, specify the type of clothing worn.

Comments: Record any information specific to the injured person that will assist in determining how exposure occurred and the extent of exposure. For example:

- What activities were done outside of work when symptoms were first noticed?
- Was there anything new at home (e.g., using new soap)?
- Is there anyone else at home experiencing the same symptoms?

Report Prepared By & Report Reviewed/Approved By: See Instructions for PR-ENF-127.

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