

VI. APPENDICES

A. Acronym Index

B. Division of Workers' Compensation – District Offices

C. Division of Labor Standards Enforcement - District Offices

D. Department of Fish and Wildlife Regional Office Map

E. Interview Questions for Exposures and Illnesses

1. Questions in English

- a. Pesticide Handler –Employee
- b. Pesticide Handler – Employer
- c. Field Worker Exposed to Pesticide Drift, Residue, or Odor
- d. Private Citizen Exposed to Pesticide Drift or Odor
- e. Private Citizen Exposed to Pesticide Residue

2. Questions in Spanish

- a. Manipulador de Pesticidas - Empleado
- b. Manipulador de Pesticidas - Empleador
- c. Trabajador del Campo Expuesto a Deriva, Residuo de Pesticida, o Olor
- d. Público Expuesto a Deriva de Pesticida o Olor
- e. Público Expuesto a Residuo de Pesticida

F. Public Exposure Incidents Involving Large Numbers of People: Response Packet

1. Pesticide Exposure Incident Questionnaire

2. Pesticide Episode Investigation Non-Occupational Exposure Supplement (PR-ENF-128)

G. The EBL Report on Restricted Material Used During a Reportable Investigation

Appendix A

Acronym Index

Acronym	Name
3CCR	Title 3, California Code of Regulations
CAC	County Agricultural Commissioner
CACASA	County Agricultural Commissioners and Sealers Association
Cal/OSHA	California Occupational Safety and Health Administration
CalPEATS	California Pesticide Enforcement Action Tracking System
CDFA	California Department of Food and Agriculture
CDFW	Department of Fish and Wildlife
DFR	Dislodgeable foliar residue
DFROII	Doctor's First Report of Occupational Illness and Injury
DIR	Department of Industrial Relations
DPR	Department of Pesticide Regulation
EB	Enforcement Branch
EBL	Enforcement Branch Liaison
FAC	Food and Agricultural Code
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
IPA	Information Practices Act
MOU	Memorandum of Understanding
SDS	Safety Data Sheet
NTE	No Tolerance Established
PEIR	Pesticide Episode Investigation Report
PENR	Pesticide Episode Notification Record
PIR	Pesticide Illness Report
PPE	Personal protective equipment
PRA	Public Records Act
REI	Restricted entry interval
US EPA	United States Environmental Protection Agency
WH&S	Worker Health and Safety Branch

Appendix B

Department of Industrial Relations, Division of Workers' Compensation (DWC) Information & Assistance Unit - District Offices

<u>Anaheim</u> 1065 N Link Suite 170 Anaheim CA 92806-2131 (714) 414-1801	<u>Oxnard</u> 1901 N Rice Ave Suite 200 Oxnard, CA 93030-7912 (805) 485-3528	<u>San Francisco</u> 455 Golden Gate Ave 2nd Floor San Francisco, CA 94102-7014 (415) 703-5020
<u>Bakersfield</u> 1800 30th St Suite 100 Bakersfield, CA 93301-1929 (661) 395-2514	<u>Pomona</u> 732 Corporate Center Dr. Pomona, CA 91768-2653 (909) 623-8568	<u>San Jose</u> 224 Airport Parkway Suite 600 San Jose, CA 95110-3718 (408) 277-1292
<u>Fresno</u> 2550 Mariposa Mall Room 5005 Fresno, CA 93721-2219 (559) 445-5355	<u>Redding</u> 250 Hemsted Dr. 2nd Floor, Suite B Redding, CA 96002- 9040 (530) 225-2047	<u>San Luis Obispo</u> 4740 Allene Way Suite 100 San Luis Obispo, CA 93401-8736 (805) 596-4159
<u>Lodi</u> 3021 Reynolds Ranch Pkwy, Suite 130 Lodi, CA 95240-6936 209-948-7759	<u>Riverside</u> 3737 Main St. Room 300 Riverside, CA 92501-3337 (951) 782-4347	<u>Santa Ana</u> 2 MacArthur Place Suite 600 Santa Ana, CA 92707-7704 (714) 942-7576
<u>Long Beach</u> 1500 Hughes Way Suite C203 Long Beach, CA 90810 (424) 450-2565	<u>Sacramento</u> 160 Promenade Circle Suite 300 Sacramento, CA 95834-2962 (916) 928-3158	<u>Santa Barbara</u> 130 E Ortega St. Santa Barbara, CA 93101-7538 (805) 568-1295
<u>Los Angeles</u> 320 W 4th St. 9th Floor Los Angeles, CA 90013-1954 (213) 576-7389	<u>Salinas</u> 1880 N Main St. Suite 100 Salinas, CA 93906-2037 (831) 443-3058	<u>Santa Rosa</u> 50 "D" St. Room 420 Santa Rosa, CA 95404-4771 (707) 576-2452
<u>Marina del Rey</u> 4720 Lincoln Blvd 2nd Floor Marina del Rey, CA 90292-6902 (310) 482-3820	<u>San Bernardino</u> 464 W 4th St Suite 239 San Bernardino, CA 92401-1411 (909) 383-4522	<u>Van Nuys</u> 6150 Van Nuys Blvd Room 105 Van Nuys, CA 91401-3370 (818) 901-5367
<u>Oakland</u> 1515 Clay St. 6th Floor Oakland, CA 94612-1519 (510) 622-2861	<u>San Diego</u> 7575 Metropolitan Dr. Suite 202 San Diego, CA 92108-4424 (619) 767-2082	

Source: <https://www.dir.ca.gov/dwc/landA.html>

Appendix C

Division of Labor Standards Enforcement-District Offices

<p style="text-align: center;"><u>Bakersfield</u> 7718 Meany Ave Bakersfield, CA 93308 (661) 587-3060 LaborComm.WCA.BAK@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p style="text-align: center;"><u>San Diego</u> 7575 Metropolitan Dr., Room 210 San Diego, CA 92108 (619) 220-5451 LaborComm.WCA.SDO@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>
<p style="text-align: center;"><u>El Centro</u> 1550 W. Main St. El Centro, CA 92243 (760) 353-0607 Walk-in assistance hours Open Monday and Wednesday only: 9:00 AM -12:30 PM 1:30 PM -5:00 PM **To set an appointment at a different date and time, please call office directly.</p>	<p style="text-align: center;"><u>San Francisco</u> 455 Golden Gate Ave., 9th Floor, Suite 9628 San Francisco, CA 94102-7002 (415) 703-5300 LaborComm.WCA.SFO@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>
<p style="text-align: center;"><u>Fresno</u> 770 E. Shaw Avenue, Ste. 222 Fresno, CA 93710 (559) 244-5340 LaborComm.WCA.FRE@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p style="text-align: center;"><u>San Jose</u> 224 Airport Parkway, Suite 300 San Jose, CA 95110-1022 (408) 277-1266 LaborComm.WCA.SJO@dir.ca.gov Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>
<p style="text-align: center;"><u>Long Beach</u> 1500 Hughes Way Suite C-202 Long Beach, CA 90810 (562) 590-5048 LaborComm.WCA.LBO@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p style="text-align: center;"><u>Santa Ana</u> 2 MacArthur Place Suite 800 Santa Ana, CA 92707 (714) 558-4910 LaborComm.WCA.ANA@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>

<p><u>Los Angeles</u> 320 W. Fourth Street, Suite 450 Los Angeles, CA 90013 (213) 620-6330 LaborComm.WCA.LAO@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p><u>Santa Barbara</u> 411 E. Canon Perdido, Room 3 Santa Barbara, CA 93101 (805) 568-1222 LaborComm.WCA.SBA@dir.ca.gov Walk-in assistance hours Open Monday and Tuesday: 9:00 AM - 12:30 PM Wednesday, Thursday and Friday 1:30 PM - 5:00 PM</p>
<p><u>Oakland</u> 1515 Clay Street, Suite 801 Oakland, CA 94612 (510) 622-3273 LaborComm.WCA.OAK@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p><u>Santa Rosa</u> 50 "D" Street, Suite 360 Santa Rosa, CA 95404 (707) 576-2362 LaborComm.WCA.SRO@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>
<p><u>Redding</u> 250 Hemsted Drive, 2nd Floor, Suite A Redding, CA 96002 (530) 225-2655 LaborComm.WCA.RED@dir.ca.gov Walk-in assistance hours Open Monday and Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p><u>Stockton/Lodi</u> 3021 Reynolds Ranch Parkway, Suite 160 Lodi, California 95240 (209) 948-7771 LaborComm.WCA.STK@dir.ca.gov Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>
<p><u>Sacramento</u> 2031 Howe Avenue, Suite 100 Sacramento, CA 95825 (916) 263-1811 LaborComm.WCA.SAC@dir.ca.gov Walk-in assistance hours 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p><u>Van Nuys</u> 6150 Van Nuys Blvd., Room 206 Van Nuys, CA 91401 (818) 901-5315 LaborComm.WCA.VNO@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>

<p><u>Salinas</u> 950 E. Blanco Rd., Suite 204 Salinas, CA 93901 (831) 443-3041 LaborComm.WCA.SAL@dir.ca.gov Walk-in assistance hours Open Monday and Tuesday: 9:00 AM - 12:30 PM Wednesday, Thursday and Friday 1:30 PM - 5:00 PM</p>	<p><u>Van Nuys - Entertainment Work Permits</u> 6150 Van Nuys Blvd., Room 100 Van Nuys, CA 91401 (818) 901-5484 EWP@dir.ca.gov Walk-in assistance hours Open Tuesday, Wednesday and Thursday: 9:00 AM - 12:30 PM 1:30 PM - 4:00 PM</p>
<p><u>San Bernardino</u> 464 W. Fourth Street, Room 348 San Bernardino, CA 92401 (909) 383-4334 LaborComm.WCA.SBO@dir.ca.gov Walk-in assistance hours Open Monday to Friday: 9:00 AM - 12:30 PM 1:30 PM - 5:00 PM</p>	<p><u>AB 633- Garment Enforcement Unit</u> 320 W. Fourth Street, Suite 450 Los Angeles, CA 90013 LaborComm.WCA.633@dir.ca.gov **Appointment options are available.</p>

Oakland (Headquarters)

1515 Clay Street,
Room 1302
Oakland, CA 94612
(510) 285-2118
DLSE2@dir.ca.gov

****this location is currently closed to the public.**

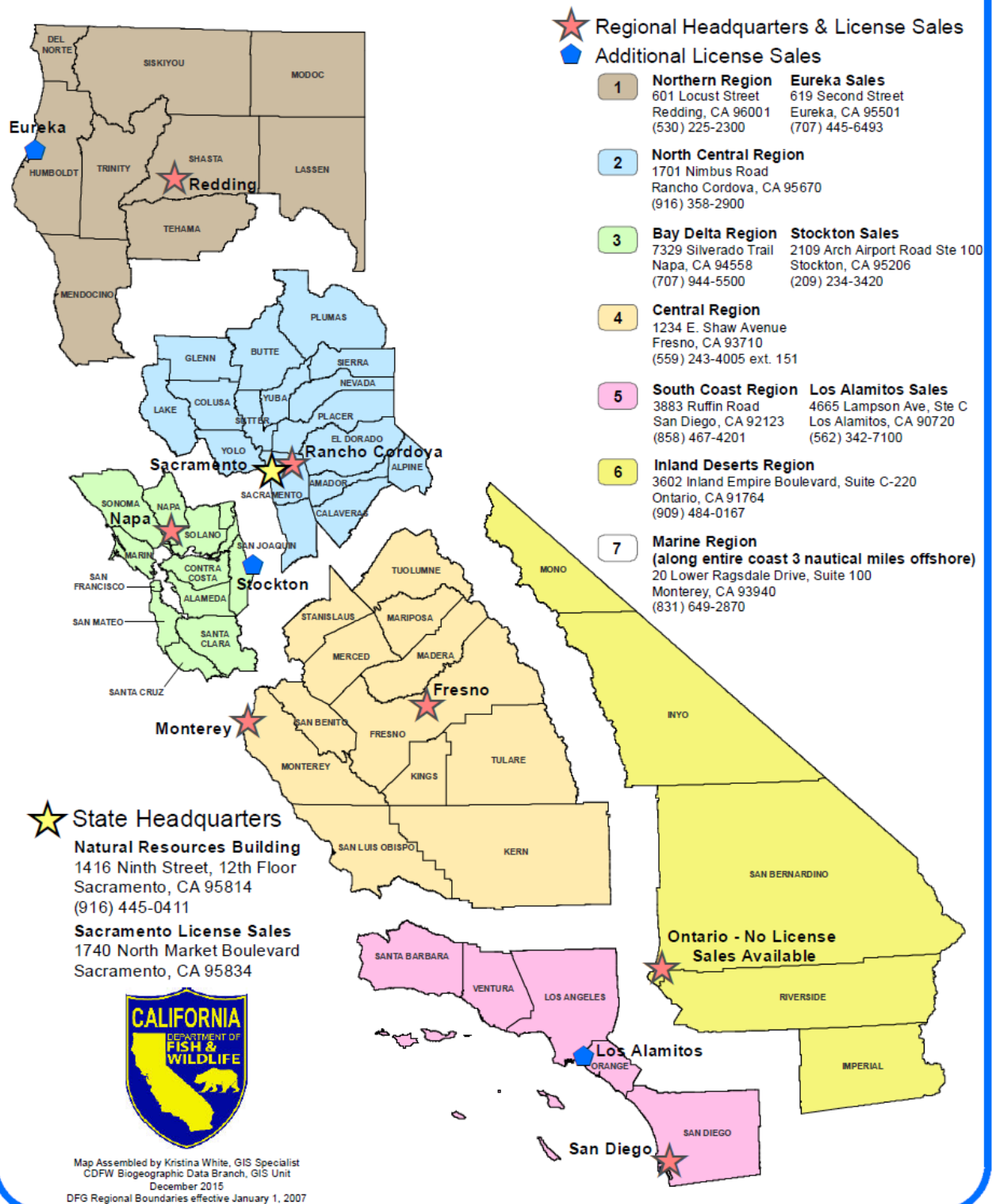
DLSE2@dir.ca.gov

Source: <https://www.dir.ca.gov/dlse/DistrictOffices.htm>

Note: Locations and telephone numbers are subject to change

Appendix D

California Department of Fish and Wildlife Regions and License Sales



Appendix E

1. Suggested Interview Questions for Exposures and Illnesses - English

a. Pesticide Handler – Employee

Record the name of the interviewer, date, time, and location. The name, address, age (date of birth), gender, telephone number, and work activity of the interviewee also needs to be recorded.

Review the regulatory requirements for a pesticide handler. Ask the pesticide handler questions about training, personnel protective equipment, etc. to ensure other regulatory requirements are in compliance. Questions should not be limited to the suggested questions.

1. Who is your employer (Who pays you? Do you work for a farm labor contractor, a farmer, etc.?)
2. How long have you been working as a handler?
3. Who provided your training?
4. When was your last training?
5. When you were exposed or became ill, what pesticide(s) were you handling? [For flaggers: Did you know what pesticides were applied?]
6. What type of application equipment were you using?
7. [For flaggers: Who made the application? Describe the type of aircraft used.]
8. Were any engineering controls used (closed system, enclosed cab)
9. When did the exposure occur?
10. Where did the exposure occur?
11. How did the exposure occur? Was it dermal, inhalation, or ingestion?
12. Did you come in direct contact with the pesticide? Describe what you felt, tasted, saw, and smelled during this experience.
13. What was your location? What was the distance between you and the applicator?
14. What personal protective equipment (PPE) did your supervisor give you to wear?
 - a. Was a respirator required to be worn (label, regulation, company policy?)
 - b. How long were you wearing a respirator?
 - c. How often or when do you change the filters (cartridges) or respirator?
15. What PPE were you wearing?
16. What did you do after you were exposed to the pesticide?
17. Did you notify anyone of the exposure? Who?
18. Did you feel sick? If yes:
 - a. When did you start feeling sick?
 - b. What were your symptoms?
 - c. How long did you have symptoms?
19. Did you go to a doctor or hospital? If yes: :
 - a. Who took you to the doctor or hospital?
 - b. Did you drive yourself to the doctor or hospital?
 - c. When did you see a doctor?
 - d. What treatment did you receive?
 - e. Were you hospitalized? If yes, how long?
20. How many days of work did you miss?
21. Were you eating, drinking, or smoking at any time while you were handling pesticides?

22. Did you feel sick before coming to work? If yes, explain.
23. What were the weather conditions at the time of exposure? Did they change during the application?
24. Was anyone else working with you? Were they exposed and did they feel sick? If yes, obtain names so they can be interviewed.
25. Who maintains the PPE? How often is it inspected or repaired?
26. Are clean coveralls provided and worn every day?
27. Did you have access to soap, water (including for emergency eye flushing), and disposable towels at the work site? If so, how far away was it?
28. How often do you use the wash facilities? Did you use the wash facilities after the exposure?
29. Can you describe the pesticide training and instruction you have received?
30. Was the training specific to each pesticide you handle?
31. Did you review and sign your training records?
32. How often are you supervised?
33. Do you know where emergency medical care information is posted?
34. Do you know what medical supervision means? (If applicable)
35. Do you know where your employer maintains pesticide use records and safety information
36. (A-8, MSDS, application-specific information)?
37. Has anyone told you about applications nearby or about nearby fields under restricted entry interval? Who gave you that information?

Note: Obtain a 30-day work history from the employer's records.

b. Pesticide Handler -- Employer

Record the name of the interviewer, date, time, and location.

1. Identify the person, company name, address, telephone number, and type of license or certificate.
2. What are your responsibilities?
3. Who is responsible for the supervision of the employee(s)? Who directs them?
4. Were you notified of the employee(s') exposure? When? By whom?
5. What did you do after you were notified?
6. How did the exposure occur?
7. Where did the exposure occur?
8. When did the exposure occur?
9. What pesticide(s) was the employee handling at the time of exposure?
10. How many days of work were lost?
11. Did the employee receive medical care?
12. Was the employee hospitalized? If yes, how long?
13. How did the employee get to the medical care facility or hospital? Were they taken or did they drive themselves?
14. What personal protective equipment (PPE) was provided to the employee(s)?
15. How do you make sure that the employee(s) wears his/her PPE?
16. Describe your personal protective equipment maintenance program.
17. If required, describe your respiratory program.
18. How do you make sure that your application equipment is in good repair and safe to operate?
19. Do you provide a clean change area for your employee(s)?
20. Do you provide clean coveralls your employee(s) daily? Do they wear them?
21. Do you provide soap, water (including for emergency eye flushing), and disposable towels at the work site, where is it located?
22. Who trained the employee(s)?
23. Is the trainer qualified?
24. Describe your pesticide training program.
25. Describe your medical supervision program, who is the medical care provider? (If applicable)
26. Describe your hazard communication program (including display of application-specific information).
27. Describe your emergency medical care program.
28. What procedures do you follow if an employee(s) is exposed, ill, or injured?
29. What method do you use to provide information to employees about nearby applications and fields under restricted entry interval?

Notes: Reviewing training, respirator program, and medical records during the interview may cause distractions.

Close your interview with the employer before you begin your review of the documented training and medical supervision records.

Obtain a two-week work history from the employer's records.

c. Field Worker Exposed to Pesticide (Drift, Residue, Odor)

Record the name of the interviewer, and the date, time and location of the interview. The name, address, age, gender, telephone number, and work activity of the interviewee must also be recorded.

1. Who is your employer (the company/person who pays you)?
2. When did your exposure occur (time and date)?
3. What were your work activities the day you were exposed?
4. [Questions for employees exposed to drift from an application]
 - a) Where did your exposure occur (you may want to have a site map/diagram with landmarks roads to help the employee determine where they were and where the application or source of exposure may have come from?
 - b) Describe what was happening in the area around you.
 - c) Did you notice an application of pesticides?
 - d) When did you notice it (time and date)?
 - e) Describe the application equipment -- airplane, helicopter, tractor, etc.
 - f) How far were you from the application?
 - g) When did you first experience contact with the pesticide?
 - h) Did you smell any odors?
 - i) When did you smell the odor?
 - j) What did the odor smell like (how intense was it)?
 - k) How long did you smell the odor?
 - l) When did you first experience contact with the pesticide? Describe what you smelled, saw, felt, and tasted during this experience.
 - m) Did you have any symptoms?
 - n) What were your symptoms?
 - o) Were you notified that a nearby pesticide application would occur (if same operator)? Who notified you?
5. [Questions for employees exposed to residue in the field]
 - a) What fields did you work in the day you were exposed?
 - b) How did you get to the field(s)? (e.g., drove yourself or rode with another employee.)
 - c) When did you enter the field?
 - d) Where did you enter the field?
 - e) Were you using any hand tools (hoe, pruners, etc.) during that activity?
 - f) How long did you work in the field?
 - g) Did you taste anything unusual? What did it taste like?
 - h) Were any fields you worked in posted? Where were the signs located?
 - i) Were there any signs posted in adjacent fields?
 - j) Were you notified that the field had been treated with any pesticides?
 - k) Did you enter any adjacent fields, i.e., to eat lunch? If yes, did you contact the foliage?
 - l) Did you eat or drink anything unusual on the day when you first had the symptoms?
 - m) Did you use water from the irrigation?
 - n) Are you sensitive to any chemicals? If so, which ones?
6. Describe the weather conditions on that day.
7. When did you start feeling sick? Where were you located then?
8. What were your symptoms?
9. How long did you have the symptoms?
10. Did anyone else you were working with have symptoms? Who?

11. Have you felt these same symptoms before? When? How long were you sick during that incident?
12. Did anyone else in your household have the same symptoms?
13. What clothing and or personal protective equipment were you wearing?
14. Did you have access to soap, water, and disposable towels at the work site?
15. How often do you use the wash facilities? Did you use the wash facilities after the exposure?
16. Did you shower when you finished work that day?
17. Did you put on clean clothes when you finished work that day?
18. Did you tell your supervisor that you felt ill? When?
19. Did you go to the doctor or the hospital? When?
20. How did you get to the doctor or hospital?
21. Were you unable to return to work? If so, how many days did you miss?
22. Were you hospitalized? If yes, how long?
23. How many people are in your work crew?
24. Do you know if anyone else was exposed or had symptoms? If yes, obtain names so they can be interviewed. Did they see a doctor?
25. Can you describe the training you have received regarding working in fields treated with pesticides?
26. Who gave you the training? When?
27. Do you know where the property operator maintains pesticide use and safety information (A-9, MSDS, application-specific information)?
28. Has anyone told you about applications nearby or about nearby fields under a restricted entry interval? Who gave you that information?

Note: Obtain a two-week work history from the employer. A records inspection should be conducted to ensure compliance.

d. Private Citizen Exposed to Pesticide Drift or Odor

1. When did the exposure occur?
2. Where did the exposure occur?
3. Did you smell, see, taste, or feel anything unusual during or after exposure?
4. Did you smell any odors?
5. When did you smell the odor?
6. What did the odor smell like (how intense was it)?
7. How long did you smell the odor?
8. Did you see any pesticide application taking place nearby?
9. Where did the application occur?
10. What was the distance between you and the application?
11. Describe the application equipment.
12. Describe the weather conditions on that day.
13. When did you start feeling sick?
14. What were your symptoms?
15. How long did your symptoms last?
16. Did you seek medical attention? Where? When?
17. Did you notify anyone of the problem? Who?
18. Do you know if anyone else was exposed?
19. Do you know if they sought medical attention?

e. Private Citizen Exposed to Pesticide Residue

1. When did the exposure occur?
2. Where did the exposure occur?
3. Was a pesticide application made on or near the property?
4. What pesticides were applied?
5. Who made the application?
6. When was it made?
7. Where was it made?
8. Did you smell or taste anything unusual?
9. When did you first notice the unusual smell or taste?
10. What did it smell or taste like?
11. When did you start feeling ill?
12. What were your symptoms?
13. How long did your symptoms last?
14. Did you seek medical attention? When? Where?
15. Do you know if anyone else was exposed?
16. Did you notify anyone of the problem? Who?

2. Suggested Interview Questions for Exposures and Illnesses – Spanish

a. Manipulador de Pesticidas - Empleado

Anote el nombre del entrevistador, día, hora y lugar. También necesita anotar el nombre, dirección, edad, género, número de teléfono, y actividad de trabajo del entrevistado.

1. Quién es su patrón (Quién paga a usted? Quién es su supervisor?)
2. Cuánto tiempo lleva trabajando como manipulador de pesticidas?
3. Quién le proporcionó su entrenamiento?
4. Cuándo fue su último entrenamiento?
5. En el momento de la exposición o cuando se enfermó, qué pesticida(s) estaba manipulando?
Para los banderilleros: usted sabía qué pesticidas se estaban aplicando?]
6. Qué tipo de equipo de aplicación estaba usando?
7. [Para los banderilleros: Quién hizo la aplicación? Describa el tipo de avión que se usó.]
8. Se usaron controles de ingeniería (sistema cerrado, cabina cerrada)?
9. Cuándo ocurrió la exposición?
10. Dónde ocurrió la exposición?
11. Cómo ocurrió la exposición? Fue a través de la piel, inhalación, o por ingestión?
12. Se puso en contacto directo con el pesticida? Describa lo que sintió, degustó, vio, y olió durante ésta experiencia?
13. [Para los banderilleros: Cuál era su ubicación? Cuál era la distancia entre usted y el aplicador?]
14. Qué tipo de equipo de protección personal (PPE) le entregó su empleador para que usted usara?
 - a. Era necesario usar un respirador (etiqueta, reglamento, política de la empresa)?
 - b. Cuánto tiempo llevabas puesto un respirador?
 - c. Con qué frecuencia o cuándo cambia los filtros (cartuchos) o el respirador?
15. Qué tipo de equipo de protección personal estaba usando?
16. Qué hizo después de sufrir la exposición a pesticida?
17. Dió aviso a alguien de la exposición? Quién?
18. Se sintió enfermo? Y si fue así:
 - a. Cuándo se empezó a sentir mal?
 - b. Cuáles fueron sus síntomas?
 - c. Cuánto tiempo le duraron los síntomas?
19. Fue al doctor o a un hospital? Y si fue así:
 - d. Quién lo llevó al doctor o a un hospital?
 - e. Cuándo vió a un doctor?
 - f. Qué tratamiento recibió?
 - g. Fue hospitalizado? Por cuanto tiempo?
20. Cuántos días faltó al trabajo?
21. Estaba usted comiendo, fumando, o tomando mientras realizaba sus labores de trabajo?
22. Se sentía mal antes de salir a trabajar? Explique.
23. Cuál eran las condiciones del tiempo en el momento de la exposición? Cambiaron éstas durante la aplicación?
24. Había alguna otra persona trabajando con usted? Fueron expuestos al pesticida? Se sintieron mal? Si la respuesta es afirmativa obtenga los nombres para entrevistarlos.
25. Quién mantiene los PPE? Cada cuánto tiempo son inspeccionados o reparados?
26. Se les entrega overoles limpio todos los días? Se los pone usted todos los días?

27. Le proveen a usted jabón, agua (incluso para lavarse los ojos en caso de emergencia) y toallas desechables en el lugar de trabajo? Si es así, ¿qué tan lejos estaba?
28. Cada cuándo usa los servicios de baño o para lavarse? Los usó después de la exposición?
29. Describa el entrenamiento e instrucción de pesticida que usted ha recibido?
30. Quién le dió el entrenamiento?
31. Fué específico el entrenamiento para cada pesticida que usted maneja?
32. Usted revisó y firmó sus registro de entrenamiento?
33. Con qué frecuencia lo supervisan?
34. Usted sabe dónde se pone la información de emergencia médica?
35. Usted sabe qué significa la supervisión médica? (Si es aplicable)
36. Usted sabe dónde su empleador mantiene los registros e información de seguridad del uso de los pesticidas (A-8, MSDS, información específica sobre la aplicación) ?
37. Alguien le ha informado sobre las aplicaciones cercanas o acerca de campos cercanos bajo un intervalo de entrada restringida? Quién provee esa información?

Nota: Obtenga de los registros del empleador un historial de trabajo de treinta días.

b. Manipulador de Pesticidas - Empleador

Anote el nombre del entrevistador, día, hora y lugar.

1. Identifique la persona, nombre de la compañía, número de teléfono, y clase de licencia certificado.
2. Cuáles son tus responsabilidades? Quién los dirige?
3. Quién es el responsable de la supervisión del empleado(s)?
4. Se le notificó a usted sobre la exposición del o de los empleado(s)? Cuándo? Quién lo hizo?
5. Qué hizo usted después que le notificaron?
6. Cómo ocurrió la exposición?
7. Dónde ocurrió la exposición?
8. Cuándo ocurrió la exposición?
9. Qué pesticida(s) estaba manipulando el empleado?
10. Cuántos días se perdieron de trabajo?
11. Recibió el empleado atención médica?
12. Hospitalizaron el empleado? Por cuánto tiempo?
13. Cómo llegó el empleado al centro de atención médica o al hospital? Fueron tomados o se manejaron ellos mismos?
14. Qué clase de equipo de protección personal (PPE) entregaron a o los empleado(s)?
15. Cómo se asegura usted que el empleado(s) use su PPE?
16. Describa su programa de la mantención del equipo de protección personal.
17. Si es necesario, describa su programa respiratorio.
18. Cómo se asegura que su equipo de aplicación de pesticida está en buenas condiciones y su operación no es peligrosa?
19. Le proporciona usted a sus empleado(s) un área limpia para cambiarse?
20. Se entrega al empleado overoles limpio diariamente? Usa el empleado esta ropa diariamente?
21. En el lugar de trabajo, provee usted jabón, agua (para las manos y los ojos) y toallas desechables para sus empleados, donde está localizado?
22. Quién entrenó al empleado(s)?
23. Está calificado el entrenador?
24. Describa su programa de entrenamiento de pesticidas?
25. Describa su programa de supervisión médica? Quién es el proveedor de atención médica? (Si corresponde)
26. Describa su programa de comunicación de peligro (incluyendo exhibición de información específica sobre la aplicación).
27. Describa su programa de cuidado de emergencia médica?
28. Que procedimientos sigue usted si un empleado se expone, se enferma o se lesiona?
29. Cómo informan a sus empleados sobre aplicaciones cercanas o en campos cercanos que están bajo un intervalo de entrada restringida?

Notas: Si durante la entrevista, usted revisa los registros de entrenamiento, programa de respirador y médicos, esto puede causar distracciones. Termine su entrevista con el empleador antes de comenzar su revisión de los registros de entrenamiento y de supervisión médica documentados.

Obtenga de los registros del empleador un historial de trabajo de treinta días.

c. Trabajador del Campo Expuesto a Pesticida (por Deriva, Residuo, Olor)

Anote el nombre del entrevistador, día, hora y lugar de la entrevista. También se debe anotar el nombre, dirección, edad, género, número de teléfono, y actividad de trabajo del entrevistado.

1. Quién es su patrón (empleador/Quien se paga)?
2. Cuándo ocurrió la exposición (la hora y la fecha)?
3. Cuáles eran sus labores de trabajo el día que sufrió la exposición?
4. [Preguntas para empleados expuestos a una deriva de una aplicación.]
 - a. Dónde ocurrió su exposición?
 - b. Describa lo que estaba pasando a su alrededor. c. Notó si había una aplicación de pesticida?
 - d. Cuándo lo notó (la hora y la fecha)?
 - e. Describa el equipo de aplicación – avión, helicóptero, tractor, etc.
 - f. A qué distancia se encontraba usted de la aplicación.
 - g. Cuándo experimentó por primera vez contacto con el pesticida? Describa lo que olió, vió, sintió, y degustó durante ésta experiencia.
 - h. Oías algún olor
 - i. Cuándo oliste el olor?
 - j. A qué olía el olor (qué tan intenso era)?
 - k. Cuánto tiempo has oído el olor?
 - l. Le notificaron que ocurriría una aplicación de pesticidas en la cercanía (si el mismo operador)? Quién le comunicó?
 - m. Tuvo algún síntoma?
 - n. Cuáles fueron sus síntomas?
5. [Preguntas para empleados expuestos a residuo de pesticida en el campo.]
 - a. En qué campos trabajó el día que sufrió la exposición?
 - b. Cómo llegó al campo(s)? (por ejemplo, manejó usted mismo o con otro empleado.)
 - c. Cuándo entró al campo?
 - d. Por dónde entró al campo
 - e. Usaba alguna herramienta de mano (azadón, podadora, etc.) durante esa actividad?
 - f. Cuántas horas trabajó en el campo?
 - g. Olió y degustó algo diferente? Cómo olía o degustaba?
 - h. Algunos de los campos dónde usted estaba trabajando tenían letreros (avisos)? Dónde estaban colocados los letreros?
 - i. Habían letreros en los terrenos adyacentes?
 - j. Le notificaron que habían aplicado pesticidas en el campo dónde usted estaba trabajando?
 - k. Entró en algún terreno adyacente, por ejemplo, a comer? Si es afirmativo, contactó el follaje?
 - l. Comió o tomó algo fuera de lo común ese día cuándo tuvo los síntomas por primera vez?
 - m. Tomó agua de las llaves de riego?
 - n. Es sensible a algún producto químico? A cuáles?
6. Describa las condiciones del tiempo ese día.
7. Cuándo se empezó a sentir mal? Dónde se encontraba en esos momentos?
8. Cuáles fueron sus síntomas?
9. Cuánto tiempo le duraron los síntomas?
10. Alguna otra persona con la que estaba trabajando tenía síntomas? ¿Quien?
11. Había sentido los mismos síntomas anteriormente? Cuándo? Cuánto tiempo estuvo enfermo esa vez?

12. Alguien más en su casa tuvo los mismos síntomas?
13. Que ropa o tipo de equipo de protección personal estaba usando?
14. Usted tenía acceso a jabón, agua y toallas desechables en el lugar de trabajo?
15. Cada cuando se usa los servicios de baño o para lavarse? Las usó después de la exposición?
16. Se duchó (lavarse el cuerpo entero con la regadera) ese día al terminar su trabajo?
17. Se vistió con ropa limpia cuándo terminó su trabajo ese día?
18. Le dijo a su supervisor que se sentía mal? Cuándo?
19. Fué al doctor o a un hospital? Cuándo?
20. Cómo llegó al doctor o a un hospital?
20. Pudo ir a trabajar? Si no fue a trabajar, cuántos días perdió de trabajar.
21. Fué hospitalizado? Por cuánto tiempo?
22. Cuántas personas hay en su cuadrilla?
23. Había otras personas trabajando cerca de usted que fueron expuestos al pesticida o tuvieron síntomas? Si la respuesta es afirmativa obtenga los nombres para entrevistarlos. Vieron a un doctor?
24. Usted puede describir el entrenamiento que ha recibido con respecto al trabajo en los campos tratados con pesticidas?
25. Quien le dió el entrenamiento? Cuándo?
26. Usted sabe dónde el operador de la propiedad mantiene los registros y la información de seguridad del uso de los pesticidas (A-9, MSDS, información específica sobre la aplicación)?
27. Alguien le ha informado sobre otras aplicaciones cercanas o acerca de campos cercanos bajo un intervalo de entrada restringida? Quién le entrego esa información?

Nota: Obtenga del empleador un historial de trabajo de treinta días.

d. Público Expuesto a Deriva de Pesticida o Olor

1. Cuándo ocurrió la exposición?
2. Dónde ocurrió la exposición?
3. Usted olió, vio, degustó o sintió algo diferente durante o después de la exposición?
4. ¿Oías algún olor?
5. ¿Cuándo oliste el olor?
6. ¿A qué olía el olor (qué tan intenso era)?
7. ¿Cuánto tiempo has olido el olor?
8. Qué olor, sabor, o sensación tenía?
9. Notó si había cerca una aplicación de pesticida?
10. Dónde se estaba haciendo la aplicación de pesticida?
11. A qué distancia se encontraba usted de la aplicación?
12. Describa el equipo de aplicación?
13. Describa las condiciones del tiempo ese día.
14. Cuándo se empezó a sentir enfermo?
15. Cuáles fueron sus síntomas?
16. Cuánto tiempo le duraron los síntomas?
17. Pidió atención médica? Dónde? Cuándo?
18. Notificó a alguien de su problema? Quién?
19. Usted sabe si alguien más fue expuesto?
20. Usted sabe si pidieron atención médica?

e. Público Expuesto a Residuo de Pesticida,

1. Cuándo ocurrió la exposición?
2. Dónde ocurrió la exposición?
3. Estaban haciendo una aplicación de pesticida en o cerca de la propiedad?
4. Qué pesticidas estaban aplicando?
5. Quién hizo la aplicación?
6. Cuándo la hicieron?
7. Dónde la hicieron?
8. Usted olió o degustó algo diferente?
9. Cuándo notó por primera vez un olor o sabor diferente?
10. Qué olor o sabor tenía?
11. Cuándo se empezó a sentir enfermo?
12. Cuáles fueron sus síntomas?
13. Cuánto tiempo le duraron los síntomas?
14. Pidió atención médica? Dónde? Cuándo?
15. Usted sabe si alguien más fue expuesto?
16. Notificó a alguien del problema? Quién?

Appendix F

Public Exposure Incidents Involving Large Numbers of People

DPR and CAC Responsibilities

Introduction

Pursuant to FAC sections 2281 and 12977, CACs have the responsibility and authority to investigate incidents that may involve potential or actual human illness or injury, property damage, loss, or contamination, and fish or wildlife kills alleged to be the result of the use or presence of a pesticide. DPR relies upon the CAC to provide sound, factual information and is available to assist the CAC during any investigation.

A non-occupational pesticide use-related exposure event (hereafter referred to as “episode”) is any episode related to pesticide application activities that results in exposure to a person while they are not working. The CAC is responsible for responding to all such incidents, including incidents in which exposed persons do not seek medical treatment. This document is intended to provide guidance for CACs when incidents occur involving large numbers of affected people. In recent years, these incidents have often involved off-site movement of fumigants.

Branches within DPR have different objectives in conducting investigations. While the Enforcement Branch focuses on collecting evidence that may document violations, WH&S uses investigation information to evaluate the circumstances of exposure, determine whether unsafe use conditions exist, and implement appropriate mitigation measures. In order to accomplish this objective, WH&S frequently needs exposure information for persons affected and a list of symptoms experienced by each person, whether or not they sought medical treatment

Advisory on emergency response

This document is not intended to supersede local emergency response planning. Significant guidance exists regarding response to incidents where emergency responders such as fire department personnel are likely to have primary responsibility. CACs should be involved in their county’s emergency planning group to provide their input and keep abreast of local protocols.

CAC episode response

The CAC should develop and implement a response plan specific to each incident. The response plan should include the following five components:

- Initial response
 - Pre-investigation planning
 - Investigation
 - Mitigation
 - Follow-up
-

Initial Response

The CAC conducts an Initial Response to quickly get a “thumbnail sketch” of the nature and scope of the incident and to notify appropriate agencies:

- Locate the treated field(s) that may be the source of the incident.
 - Identify the pesticide(s) involved.
 - Identify the grower and/or pest control business that treated the field(s).
 - Considering local environmental conditions, take steps to prevent or limit additional exposures.
 - Notify DPR’s EBL and/or regional office when it is determined that the incident involves a pesticide. The EBL/regional office is responsible for notifying DPR headquarters as appropriate.
 - Notify WH&S at (916) 445-4222 if the incident meets WH&S annual priorities for investigation.
 - Decide whether response agencies should be notified, such as the lead agency per county emergency response plan, local health officer, etc.
 - Conduct representative interviews to characterize the number of persons affected and the types of symptoms they are experiencing. (See page 98 of this document for general guidance on conducting gradient interviews and page 103 for the Pesticide Episode Investigation Non-Occupational Exposure Supplemental.) Initially, it is not necessary to interview every person potentially exposed. Conduct gradient interviews only until you have an understanding of approximately how many people are affected, how severely, and over how wide an area.
 - Some incidents may be larger than the CAC can respond to on their own or may meet local criteria for notifying emergency responders. If so, follow your local county emergency plan and notify appropriate agencies such as County Environmental Health. The CAC can provide technical assistance to emergency responders such as information about the hazards involved. Consult with DPR staff as needed.
-

Pre-investigation planning The CAC conducts pre-investigation planning to set the immediate direction and priorities for the investigation and to identify the resources and methods required to implement the strategy. The CAC generally conducts planning among their staff either in person or by phone. Pre-investigation planning may include DPR staff if appropriate. An important component is determining the information and resources exposed persons require in both the short-term and long-term (see Follow-up section). CACs should:

- Discuss what is known and who is already involved (fire, medical, media, etc.).
 - Use guidance from Enforcement Branch Manuals, CAC letters, ENF/WH&S letters, current policies, etc., to plan the investigation.
 - Develop the response and investigation strategy to achieve current objectives:
 - Designate CAC staff as investigation team members and a lead investigator who will write the report. Determine how often and in what form the investigation team will provide status updates to CAC headquarters.
 - Determine the type and number of samples that should be collected, if applicable, to document exposures and/or support violations.
 - Determine the records and other documentation that should be collected.
 - How will the CAC identify the exposed population, notify potentially exposed persons of the incident, and provide them with status updates? Options include public meetings, surveys and interviews. Suitable tools may include using door hanger questionnaires, central distribution points, or public meetings.
 - If interviews are opted for, how will they be conducted (gradient or other strategy)? Who will be interviewed? Where will interviews be conducted? Is bilingual expertise needed? Does CAC staff have appropriate questionnaire templates or do they need to develop additional survey tools? (See the enclosed Non-Occupational Pesticide Exposure Episode Questionnaire.)
 - What information do the exposed persons need to know in the immediate and longer term? Will the CAC distribute an information packet? What will it contain? DPR may have fact sheets and other similar resources.
 - Diagram the incident site and adjacent fields or properties with distances.
-

**Pre-investigation
planning**
(continued)

Determine staff and material resources needed to conduct the investigation, such as:

- Additional supplies
 - DPR headquarters, regional office, or staff from other agencies to provide technical expertise or assistance with media inquiries, sampling activities, notifying affected persons and/or conducting interviews.
 - An information packet to distribute to exposed persons (letter, fact sheets, questionnaires, etc.)
 - California Department of Food and Agriculture Laboratory resources and contacts
-

Investigation

The CAC implements the pre-investigation plan by conducting investigation activities to determine how the incident occurred and to characterize the magnitude of the incident (geographic extent, the number of persons exposed, and the severity of their exposures). Where the initial response provided a "thumbnail sketch" of the incident's magnitude, the goal of the investigation phase is to have more exact information on who was affected and how severely:

- Mobilize the investigation team to investigate on-site.
 - Conduct the investigation activities, adjusting the plan as needed to accommodate new information or developments.
 - Collect samples and other information to document the incident and to support possible violations.
 - Gather information via interviews and questionnaires. Interview more intensively where people have severe symptoms, such as vomiting, and less extensively where symptoms are less severe, such as transient irritation. For example, if symptoms are severe near the incident site, interview all persons living nearby. Where symptoms are milder a few streets away, interview fewer people.
 - Investigation team members should provide one another and CAC headquarters with periodic status updates. Considering what is known and unknown, review the overall objectives and modify the investigation plan as needed.
-

Mitigation

Mitigation is conducted in response to pesticide safety issues found during an investigation and may consist of protective measures in the form of administrative, regulatory, engineering, or other controls. Depending upon the nature of the incident, a mitigation measure may be imposed immediately or may be developed over a longer period of time. Protective measures may include stopping a pesticide application, requiring additional water seals or soil layering, evacuating the area, increasing buffer zones, or changing permit conditions. These may be developed by the CAC and/or DPR.

Follow-up

Follow-up is conducted to relay information to exposed persons according to their needs for both the immediate and long term. DPR can provide technical and other assistance; other assistance may be available from state and local agencies such as environmental health or state health. Exposed persons want to know what happened and what the CAC knows. A form letter, fact sheet, or other handout material can summarize this information and address their concerns. Consider the following in developing appropriate strategies:

- Provide information on what the CAC is doing or has done to follow up. If the investigation is ongoing, the CAC can report what efforts are underway, such as identifying the pesticide(s) involved, collecting samples, checking records, and conducting interviews.
 - Inform residents how they can provide their input into the investigation, via meetings, surveys, interviews, etc.
 - Provide information on how, when and where the CAC will communicate with them about the incident and the status of the investigation, e.g., at a public meeting, via final report, etc.
 - If a public meeting is planned, explain who will be there (doctor, DPR, Spanish translators, media, etc.).
 - If applicable, the CAC may need to provide information on mitigation Measures that we adopted in response to the public episode.
-

Conducting gradient interviews

This guidance on conducting gradient interviews presumes a neighborhood of single-family homes. Interview strategies will be tailored to each incident site, as these vary widely from residential to mixed use, and encompass retail sites, apartments, offices, schools, fields, etc.

Gradient interviews are a tool to characterize the magnitude of an incident. They consist of representative interviews of potentially exposed persons along a gradient beginning with the area nearest the exposure source and considering local environmental conditions such as wind direction, continuing along the presumed exposure path(s). The goal is to produce a two-dimensional diagram showing the locations affected, the approximate number of exposed persons in each area, and the distribution of exposure symptoms by severity within the incident area. You should use the Non-Occupational Pesticide Exposure Episode Questionnaire to capture interview responses.

Gradient interviews are conducted first as part of the initial response so the CAC can rapidly characterize the incident. If symptoms are not severe, initial interviews consist of “spot sample interviews,” described below. For incidents involving severe symptoms, many people, or large areas, the CAC may subsequently conduct intensive gradient interviews, such as door-to-door interviews as part of their full-scale investigation.

Begin by interviewing households immediately adjacent to the incident site. Ascertain whether residents were home at the time of the incident and ask them to describe any symptoms they experienced. If persons report severe symptoms, such as nausea and vomiting, you should begin conducting house-to-house interviews. Interview residents until the reported symptoms are of a less severe nature, such as mild coughing, sore or scratchy throat, watering eyes, or headache. At this point begin “spot sample” interviewing of residents in several houses on either side of the sector where the more severe symptoms were experienced until exposed residents of homes report that they did not experience symptoms. If persons adjacent to the incident site report that symptoms were relatively minor, then the interview process can consist solely of “spot sample” interviews.

Continue interviewing outward from the incident site along the presumed exposure path(s), based on local environmental conditions. Conduct “spot interviews” or house-to-house interviews, as indicated by the severity of the symptoms reported. Once residents begin to report less severe symptoms, conduct “spot sample” interviews at every few houses until interviews indicate that exposed persons experienced no symptoms. Depending on local environmental conditions, the exposure gradient may extend in several geographic directions. The interview plan should characterize the width and depth of each geographic direction. Plot the general outline of the incident area and estimate how many persons were potentially exposed. Indicate the distribution of symptoms by severity within the incident area. This information is generally sufficient for the CAC to establish investigational objectives during their pre-investigation planning. You can also use the sketch to develop a more intensive interviewing strategy.

Enclosures

Introduction

The following explains how to use the enclosed Non-Occupational Pesticide Exposure Episode Questionnaire and the Pesticide Episode Investigation Non-Occupational Exposure Supplemental. Both forms can be printed or copied onto single sheets as two-sided forms. DPR developed these forms as tools to collect and track exposure information from persons affected in episodes. If used in your investigation, return a copy to WH&S. WH&S wants your feedback on how well they work for you and any suggestions you have to facilitate capturing exposure information.

Non-Occupational Pesticide Exposure Episode Questionnaire

CAC staff may use this questionnaire to inform potentially exposed persons about an incident and to provide them an opportunity to report exposure information. The questionnaire can be used as a door hanger or made available at public meetings or central distribution points. The CAC can use the information on returned questionnaires to locate persons they may wish to interview more extensively.

Page 1 of the questionnaire was designed as a template and can be used “as is” or as guidance in developing your own page 1. Please feel free to customize page 1 as needed for each incident to accommodate your letterhead, the episode date, the pesticide involved, staff contacts, or provide more information about the incident and your investigation. The CAC may translate the entire document into other languages as needed. The table on page 2 contains fields to capture exposure information of interest to WH&S. Please do not make changes to this table, other than to translate into suitable languages.

Pesticide Episode Investigation Non-Occupational Exposure Supplemental

DPR requests that CAC staff use this report to collect information during interviews after an incident. The standardized format will allow WH&S to track incident data more effectively and WH&S hopes it provides a more efficient and user-friendly way to capture exposure information than do current formats. Fill out all applicable fields as completely as possible. Please do not modify the form. We welcome your feedback on the design, format, or other attributes and will update the form periodically to incorporate your suggestions.

**Pesticide Exposure Episode
Questionnaire—example**
(on county letterhead)

Dear Resident,

A pesticide incident occurred in your neighborhood on _____ at about _____ AM PM. The County Agricultural Commissioner's Office is investigating the incident. If you wish to report illness symptoms that you or members of your household experienced related to this incident, please complete this questionnaire and send or drop it off at our office:

If you have questions, call _____ at _____

If members of your household visited a doctor concerning their symptoms, please provide the doctor's name, address and phone number, with area code, below:

Doctor _____ Phone Number (_____) _____

Address _____

Pesticide Exposure Episode Questionnaire
(on county letterhead)

Name		Phone number ()			
Address			Date		
Describe what happened on the day of the incident. Describe the time of day, where you were, what you saw, heard, felt, tasted, and smelled.					
What time did symptoms begin? AM PM		Is anyone in your household still experiencing symptoms? (Circle one) YES NO			
Please list the names, gender, and age of every person who experienced symptoms, including yourself. Check those symptoms experienced by each person. Use page 2 if needed. If anyone saw a doctor, please put a "✓" next to their name in column 1.					
No.	✓	Name	Gender (M/F)	Age	Check Symptoms
1					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
2					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
3					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
4					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
5					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
6					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
7					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
8					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
9					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER
10					<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATED <input type="checkbox"/> COUGH <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> HEADACHE <input type="checkbox"/> DIZZY <input type="checkbox"/> ODOR <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER

**PESTICIDE EPISODE INVESTIGATION
NON-OCCUPATIONAL EXPOSURE SUPPLEMENT**

PR-ENF-129 (EST. 12/03) Page 1 of 2

(AS APPLICABLE) PRIORITY NO. _____

NAME OF INTERVIEWEE	ADDRESS	CITY	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE ()	COUNTY	DATE OF EXPOSURE	TIME OCCURRED AM PM
EXPOSURE SITE <input type="checkbox"/> HOUSE <input type="checkbox"/> APT. <input type="checkbox"/> SCHOOL <input type="checkbox"/> VEHICLE: TYPE _____ <input type="checkbox"/> RETAIL <input type="checkbox"/> OPEN AREA <input type="checkbox"/> OTHER _____	NUMBER EXPOSED OUTDOORS _____	IS EXPOSURE ONGOING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	NUMBER EXPOSED INDOORS _____		
DID ANYONE SEE A DOCTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY SAW A DOCTOR? _____	NAME OF DOCTOR/MEDICAL FACILITY _____	
ADDRESS OF DOCTOR/MEDICAL FACILITY _____		CITY _____	TELEPHONE NUMBER () _____
DATE(S) PERSONS SAW A DOCTOR _____		WAS ANYONE HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", HOW MANY PERSONS? _____ IF "YES", HOW LONG (DAYS)? _____

LOCATION OF EXPOSURE - BE SPECIFIC. USE PAGE 2 IF NEEDED. ATTACH A MAP, IF DESIRED

DESCRIBE HOW EXPOSURE OCCURRED: INCLUDE ACTIVITIES, WHAT HAPPENED, WHAT EXPOSED PERSONS SAW, HEARD, SMELLED, TASTED AND FELT. USE PAGE 2 IF NEEDED.

NAME OF PERSONS EXPOSED (CONTINUE LIST ON PAGE 2 IF NECESSARY)	GENDER (M/F)	DATE OF BIRTH (OR AGE)	SYMPTOMS EXPERIENCED	STILL HAVE SYMPTOMS?
(SPACE 1 IS FOR PERSON BEING INTERVIEWED) 1			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
8			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
PESTICIDE ALLEGEDLY INVOLVED		REGISTRATION NUMBER FROM LABEL	COMMODITY/SITE TREATED	
PERSON/FIRM ALLEGEDLY RESPONSIBLE		OWNER OR OPERATOR OF PROPERTY TREATED		
INVESTIGATOR'S NAME (PRINT)	INVESTIGATOR'S SIGNATURE		TITLE	DATE

**PESTICIDE EPISODE INVESTIGATION
NON-OCCUPATIONAL EXPOSURE SUPPLEMENT**

PR-ENF-128 (EST. 12/03) Page 2 of 2

ADDITIONAL NAMES OF PERSONS EXPOSED	GENDER (M/F)	DATE OF BIRTH (OR AGE)	LIST SYMPTOMS EXPERIENCED: DRAW ARROW DOWN THROUGH ALL ENTRIES WITH IDENTICAL SMPTOMS OR WRITE "SAME AS ABOVE"	HAVE SYMPTOMS RESOLVED?
9			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
10			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
11			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
12			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
13			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
14			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
15			<input type="checkbox"/> EYES BURN/TEAR <input type="checkbox"/> NOSE IRRITATION <input type="checkbox"/> COUGH <input type="checkbox"/> DIZZY <input type="checkbox"/> SORE THROAT <input type="checkbox"/> SHORT BREATH <input type="checkbox"/> RASH/ITCH <input type="checkbox"/> ODOR <input type="checkbox"/> HEADACHE <input type="checkbox"/> VOMIT/NAUSEA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL DESCRIPTION OF HOW EXPOSURE OCCURRED

SUMMARY OF EXPOSURE EPISODE

PLOT MAP

Appendix G

EBL Report on Restricted Materials Used During a Reportable Investigation

The DPR EBL assigned to the county responsible for each Reportable Investigation that involves a restricted material is expected to complete a report that responds to each of the following issues (registration, labeling, permit, NOI, pre-application site evaluation, recommendation, and certification). This report will be forwarded to headquarters via the RO supervisor and placed in the investigative file folder for that incident.

1. What is the registration status of the restricted materials(s) used?
2. Is the restricted material use clearly within the scope of the label?
3. Do you have a recommendation that could improve the clarity of the label?
4. Was there a valid permit for this restricted material, for this site?
5. Are there any DPR recommended permit conditions issued for this restricted material?
6. Could additional permit conditions have avoided this incident?
7. Are there recommendations for the county regarding permit issuance?
8. Was a Notice of Intent properly submitted and evaluated for this application?
9. Did the county conduct a pre-application site evaluation?
10. Did the recommendation document alternatives and mitigation measures?
11. What type of certification did the supervisor of this application hold?
12. Was the most likely cause of this incident t process related or applicator error?