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. 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

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

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

Source: https://www.dir.ca.gov/dwc/IandA.html

Appendix C

Division of Labor Standards Enforcement-District Offices

Bakersfield 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	**San Diego** 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
El Centro 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.	**San Francisco** 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
Fresno 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	**San Jose** 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
Long Beach 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	**Santa Ana** 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

Los Angeles 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	**Santa Barbara** 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
Oakland 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	**Santa Rosa** 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
Redding 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	**Stockton/Lodi** 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
Sacramento 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	**Van Nuys** 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

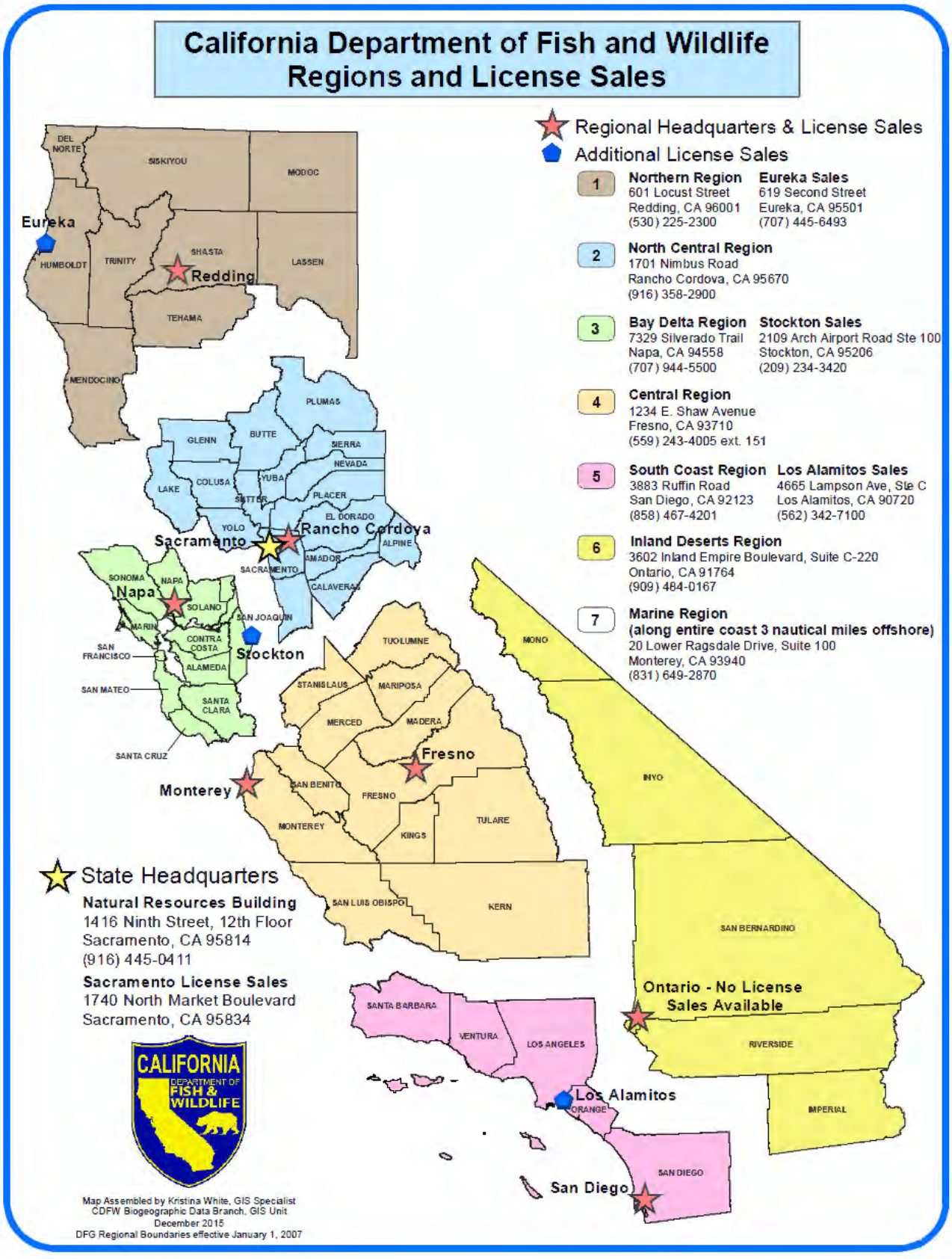
Salinas 950 E. Blanco Rd., Suite 204 Salinas, CA 93901 (831) 443-3041 LaborComm.WCA.SAL@dir.ca.gov Walk-in assistance hours Open Monday and Tuesday: 9:00 AM - 12:30 PM Wednesday, Thursday and Friday 1:30 PM - 5:00 PM	**Van Nuys - Entertainment Work Permits** 6150 Van Nuys Blvd., Room 100 Van Nuys, CA 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
San Bernardino 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	**AB 633- Garment Enforcement Unit** 320 W. Fourth Street, Suite 450 Los Angeles, CA 90013 LaborComm.WCA.633@dir.ca.gov *Appointment options are available.

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
Regional Headquarters & License Sales
Additional License Sales
1 Northern Region
601 Locust Street
Redding, CA 96001
(530) 225-2300
Eureka Sales
619 Second Street
Eureka, CA 95501
(707) 445-6493
2 North Central Region
1701 Nimbus Road
Rancho Cordova, CA 95670
(916) 358-2900
3 Bay Delta Region
7329 Silverado Trail
Napa, CA 94558
(707) 944-5500
Stockton Sales
2109 Arch Airport Road Ste 100
Stockton, CA 95206
(209) 234-3420
4 Central Region
1234 E. Shaw Avenue
Fresno, CA 93710
(559) 243-4005 ext. 151
5 South Coast Region
3883 Ruffin Road
San Diego, CA 92123
(858) 467-4201
Los Alamitos Sales
4665 Lampson Ave, Ste C
Los Alamitos, CA 90720
(562) 342-7100
6 Inland Deserts Region
3602 Inland Empire Boulevard, Suite C-220
Ontario, CA 91764
(909) 484-0167
7 Marine Region
(along entire coast 3 nautical miles offshore)
20 Lower Ragsdale Drive, Suite 100
Monterey, CA 93940
(831) 649-2870
State Headquarters
Natural Resources Building
1416 Ninth Street, 12th Floor
Sacramento, CA 95814
(916) 445-0411
Sacramento License Sales
1740 North Market Boulevard
Sacramento, CA 95834
Ontario - No License Sales Available
Eureka
Redding
Rancho Cordova
Sacramento
Napa
Stockton
Fresno
Monterey
Los Alamitos
San Diego
DEL NORTE
SISKIYOU
MODOC
HUMBOLDT
TRINITY
SHASTA
LASSEN
TEHAMA
MENDOCINO
PLUMAS
GLENN
BUTTE
SIERRA
NEVADA
LAKE
COLUSA
YUBA
SUTTER
PLACER
EL DORADO
YOLO
ALPINE
AMADOR
SACRAMENTO
CALAVERAS
SONOMA
NAPA
SOLANO
SAN JOAQUIN
MARIN
CONTRA COSTA
SAN FRANCISCO
ALAMEDA
SAN MATEO
SANTA CLARA
SANTA CRUZ
TUOLUMNE
STANISLAUS
MARIPOSA
MERCED
MADERA
SAN BENITO
FRESNO
MONTEREY
KINGS
TULARE
SAN LUIS OBISPO
KERN
MONO
INYO
SAN BERNARDINO
SANTA BARBARA
VENTURA
LOS ANGELES
ORANGE
RIVERSIDE
IMPERIAL
SAN DIEGO
CALIFORNIA DEPARTMENT OF FISH & WILDLIFE
Map Assembled by Kristina White, GIS Specialist
CDFW Biogeographic Data Branch, GIS Unit
December 2015
DFG Regional Boundaries effective January 1, 2007

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?
    a. What did the person say or do after you notified them?
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?
    d. What did you tell your supervisor about how you were feeling?
        i. Did they offer to take you to see a doctor?
        ii. Did you want to see a doctor?
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?

If no:

a. Did you decline your supervisor's offer to be taken to the doctor or medical care?
b. Did you feel discouraged from going to the doctor? If so, why and by who?

20. Do you receive training or information about your right to be taken to medical care after possible pesticide exposure and why seeing a doctor is important? Please describe what you were told.
21. If you declined to receive medical care, did your employer follow up with you throughout the next few days? If so, did they continue to offer to take you to medical care if you changed your mind?
22. How many days of work did you miss?
23. Were you eating, drinking, or smoking at any time while you were handling pesticides?
24. Did you feel sick before coming to work? If yes, explain.
25. What were the weather conditions at the time of exposure? Did they change during the application?
26. Was anyone else working with you? Were they exposed and did they feel sick? If yes, obtain names so they can be interviewed.
27. Who maintains the PPE? How often is it inspected or repaired?
28. Are clean coveralls provided and worn every day?
29. 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?
30. How often do you use the wash facilities? Did you use the wash facilities after the exposure?
31. Can you describe the pesticide training and instruction you have received?
32. Was the training specific to each pesticide you handle?
33. Did you review and sign your training records?
34. How often are you supervised?
35. Do you know where emergency medical care information is posted?
36. Do you know what medical supervision means? (If applicable)
37. Do you know where your employer maintains pesticide use records and safety information (A-8, MSDS, application-specific information)?
38. 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. How did you decide which employees needed medical care?
13. Was the employee hospitalized? If yes, how long?
14. How did the employee get to the medical care facility or hospital? Were they taken or did they drive themselves?
15. What personal protective equipment (PPE) was provided to the employee(s)?
16. How do you make sure that the employee(s) wears his/her PPE?
17. Describe your personal protective equipment maintenance program.
18. If required, describe your respiratory program.
19. How do you make sure that your application equipment is in good repair and safe to operate?
20. Do you provide a clean change area for your employee(s)?
21. Do you provide clean coveralls to your employee(s) daily? Do they wear them?
22. Do you provide soap, water (including for emergency eye flushing), and disposable towels at the work site, where is it located?
23. Who trained the employee(s)?
24. Is the trainer qualified?
25. Describe your pesticide training program.
26. Describe your medical supervision program, who is the medical care provider? (If applicable)
27. Describe your hazard communication program (including display of application-specific information).
28. Describe your emergency medical care program.
    a. Describe how you determine when it's reasonable to suspect an employee has a pesticide related illness and to take the employee to medical care.
    b. What factors do you consider if you suspect an employee has been exposed to a pesticide that might lead to an illness?
    c. How do you distinguish between symptoms that might be pesticide-related versus those that may have another cause?
    d. What information do you ask the employee when assessing potential pesticide exposure?
    e. Do you consider the types of pesticides used and their known health effects when evaluating the situation?

f. What are actions or complaints from employees that indicate to you that they may have a pesticide-related illness?

29. What procedures do you follow if an employee(s) is exposed, ill, or injured?
30. Do you document your assessment process or procedures when you suspect your employee has a pesticide-related illness?
31. 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 come into contact with the pesticide? Describe what you smelled, saw, felt, and tasted during this experience.
   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) Did you have any symptoms?
   m) What were your symptoms?
   n) 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 or others you were working with felt ill? When? What did they do or tell you to do?
19. Did you go to the doctor or the hospital? When?
    If yes:
    a. When?
    b. How did you get to the doctor or hospital?
    c. If someone else took you to the doctor, who was it?
    d. Did you receive treatment?

    If no:
    a. Why did you decide not to go to the doctor?
    b. Did you feel discouraged from going to the doctor? If so, by who?
    c. Did your employer ask you about your health later or the next day? If so, did they continue to offer to take you to the doctor if you changed your mind?
20. Were you unable to return to work? If so, how many days did you miss?
21. Were you hospitalized? If yes, how long?
22. How many people are in your work crew?
23. 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?
24. Can you describe the training you have received regarding working in fields treated with pesticides?
    a. Who gave you the training?
    b. When did you receive the training?
    c. What do you remember from the training about what your employer is supposed to do if you feel ill from pesticide exposure?
    d. Was the pesticide safety training from your current employer or from a previous employer?
25. Do you know where the property operator maintains pesticide use and safety information (A-9, MSDS, application-specific information)?
26. 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. Pesticide Handler – Employee

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.

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. ¿Quién es su empleador (¿Quién le paga? ¿Trabaja para un contratista de mano de obra agrícola, un agricultor/ranchero, etc.)?
2. ¿Cuánto tiempo lleva trabajando como manipulador de pesticidas?
3. ¿Quién le proporcionó su capacitación?
4. ¿Cuándo fue su última capacitación?
5. En el momento de la exposición o cuando se enfermó, ¿qué pesticida(s) estaba manipulando? [For Flaggers] ¿usted sabía qué pesticidas se estaban aplicando?
6. ¿Qué tipo de equipo de aplicación estaba usando?
7. [For Flaggers] ¿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, por inhalación, o por ingestión?
12. ¿Tuvo contacto directo con el pesticida? Describa lo que sintió, saboreó, vio y olió durante esta experiencia.
13. [For Flaggers] ¿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 supervisor para que usted usara?
    a. ¿Era necesario usar un respirador (etiqueta, reglamento, política de la empresa)?
    b. ¿Cuánto tiempo llevaba 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. ¿Le avisó a alguien de la exposición? ¿Quién?
    a. ¿Qué dijo o hizo la persona después de que usted le notificó?
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?
    d. ¿Qué le dijo a su supervisor sobre cómo se sentía?
        i. ¿Le ofrecieron llevarlo/la a ver a un doctor?
        ii. ¿Quería ver a un doctor?
19. ¿Fue al doctor o a un hospital?
    Y si fue así:
    a. ¿Quién lo llevó al doctor o a un hospital?

b. ¿Manejó usted mismo al doctor o al hospital?
c. ¿Cuándo vio a un doctor?
d. ¿Qué tratamiento recibió?
e. ¿Estuvo hospitalizado? Y si fue así ¿por cuánto tiempo?

Si no:

a. ¿Rechazó la oferta de su supervisor para que lo/la llevaran al doctor o a la atención médica?
b. ¿Se sintió desanimado de ir al doctor? Si es así, ¿por qué y por quién?

20. ¿Recibe capacitación o información sobre su derecho a recibir atención médica después de una posible exposición a pesticidas y por qué es importante ver a un médico? Por favor, describa lo que le dijeron.
21. Si rechazó recibir atención médica, ¿su empleador le dio seguimiento durante los siguientes días? Si es así, ¿siguieron ofreciéndole llevarle a atención médica si cambiaba de opinión?
22. ¿Cuántos días faltó al trabajo?
23. ¿Estaba usted comiendo, fumando, o tomando mientras manipulaba pesticidas?
24. ¿Se sentía mal antes de salir a trabajar? Si es así, explique.
25. ¿Cuáles eran las condiciones del tiempo en el momento de la exposición? ¿Cambiaron durante la aplicación?
26. ¿Había alguna otra persona trabajando con usted? ¿Fueron expuestos al pesticida? ¿Se sintieron mal? [If yes, obtain names so they can be interviewed.]
27. ¿Quién da mantenimiento al PPE? ¿Cada cuánto tiempo son inspeccionados o reparados?
28. ¿Se les entrega overoles limpios todos los días y se usan todos los días?
29. ¿Tuvo acceso a jabón, agua (incluso para el enjuague de emergencia de los ojos) y toallas desechables en el lugar de trabajo? Si es así, ¿qué tan lejos estaba?
30. ¿Con qué frecuencia usa las instalaciones de lavado? ¿Usó el lavado después de la exposición?
31. ¿Puede describir la capacitación o instrucción sobre pesticida que usted ha recibido?
32. ¿La capacitación fue específica para cada pesticida que usted manipula?
33. ¿Usted revisó y firmó su registro de capacitación?
34. ¿Con qué frecuencia lo supervisan?
35. ¿Usted sabe dónde se publica la información sobre atención médica de emergencia?
36. ¿Usted sabe qué significa la supervisión médica? [If applicable]
37. ¿Usted sabe dónde su empleador mantiene los registros de uso de pesticidas e información de seguridad (A-8, MSDS, información específica sobre la aplicación)?
38. ¿Alguien le ha informado sobre las aplicaciones cercanas o acerca de campos cercanos bajo un intervalo de entrada restringida? ¿Quién le dio esa información?

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. Identifique a la persona, nombre de la compañía, número de teléfono, y clase de licencia o certificado.
2. ¿Cuáles son sus responsabilidades?
3. ¿Quién es el responsable de la supervisión del empleado(s)? ¿Quién los dirige?
4. ¿Se le notificó sobre la exposición del/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 al momento de la exposición?
10. ¿Cuántos días de trabajo se perdieron?
11. ¿El empleado recibió atención médica?
12. ¿Cómo decidió qué empleados necesitaban atención médica?
13. ¿El empleado fue hospitalizado? Si es así, ¿cuánto tiempo?
14. ¿Cómo llegó el empleado al centro de atención médica o al hospital? ¿Los llevaron o manejaron ellos mismos?
15. ¿Qué clase de equipo de protección personal (PPE) se proporcionó al/los empleado(s)?
16. ¿Cómo se asegura de que el/los empleado(s) usen su PPE?
17. Describa su programa de mantenimiento de equipo de protección personal.
18. Si es necesario, describa su programa respiratorio.
19. ¿Cómo se asegura de que su equipo de aplicación esté en buenas condiciones y sea seguro para operar?
20. ¿Proporciona un área limpia para cambiarse a su(s) empleado(s)?
21. ¿Proporciona overoles limpios al empleado diariamente? ¿Los usan?
22. ¿Proporciona jabón, agua (incluso para el enjuague de emergencia de los ojos) y toallas desechables en el sitio de trabajo, ¿dónde se encuentra?
23. ¿Quién entrenó al empleado(s)?
24. ¿Está calificado el entrenador?
25. Describa su programa de capacitación de pesticidas.
26. Describa su programa de supervisión médica. ¿Quién es el proveedor de atención médica? [If applicable.]
27. Describa su programa de comunicación de riesgos (incluyendo la exhibición de información específica sobre la aplicación).
28. Describa su programa de atención médica de emergencia.
    a. Describa cómo determina cuándo es razonable sospechar que un empleado tiene una enfermedad relacionada con pesticidas y cómo llevar al empleado a recibir atención médica.
    b. ¿Qué factores debe considerar si sospecha que un empleado ha estado expuesto a un pesticida que podría causar una enfermedad?
    c. ¿Cómo distingue entre síntomas que podrían estar relacionados con pesticidas y aquellos que podrían tener otra causa?
    d. ¿Qué información le pide al empleado al evaluar la posible exposición a pesticidas?
    e. ¿Considera los tipos de pesticidas usados y sus efectos conocidos en la salud al

evaluar la situación?

f. ¿Cuáles son las acciones o quejas de los empleados que le indican que podrían tener una enfermedad relacionada con pesticidas?

29. ¿Qué procedimientos sigue usted si un empleado está expuesto, enfermo o lesionado?
30. ¿Documenta su proceso de evaluación o procedimiento cuando sospecha que su empleado tiene una enfermedad relacionada con pesticidas?
31. ¿Qué método usa para proporcionar información a los empleados sobre aplicaciones y campos cercanos bajo intervalo de entrada restringida?

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. ¿Quién es su empleador (la empresa/quien le 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. [Questions for employees exposed to drift from an application]
   a. ¿Dónde ocurrió su exposición? [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. 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 tuvo su primer contacto con el pesticida? Describa lo que olió, vio, sintió, y saboreó durante esta experiencia.
   h. ¿Percibió algún olor?
   i. ¿Cuándo olió el olor?
   j. ¿A qué olía (¿qué tan intenso era?)?
   k. Cuánto tiempo olió el olor?
   l. ¿Tuvo algún síntoma?
   m. ¿Cuáles fueron sus síntomas?
   n. ¿Le notificaron que ocurriría una aplicación de pesticidas en la cercanía (if same operator)? ¿Quién le notificó?
5. [Questions for employees exposed to residue in the field]
   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. ¿Saboreó algo inusual? ¿A qué sabía?
   h. ¿Algunos de los campos dónde usted estaba trabajando tenían carteles o letreros (avisos)? ¿Dónde estaban colocados los carteles o letreros?
   i. ¿Había carteles o 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. ¿Uso agua del riego?
   n. ¿Es sensible a algún producto químico? Si es así, ¿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. ¿Qué ropa o tipo de equipo de protección personal estaba usando?
14. ¿Tuvo acceso a jabón, agua y toallas desechables en el lugar de trabajo?
15. ¿Con que frecuencia usa las instalaciones de lavado? ¿Usó el lavado después de la exposición?
16. ¿Se duchó (se lavó 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? ¿Qué hicieron o le dijeron que hiciera?
19. ¿Fué al doctor o a un hospital?

    If yes:
    a. ¿Cuándo?
    b. ¿Cómo llegó al doctor o a un hospital?
    c. Si alguien más lo llevó al doctor, ¿quién fue?
    d. ¿Recibió tratamiento?

    If no:
    a. ¿Por qué decidió no ir al doctor?
    b. ¿Se sintió desanimado de ir al doctor? Si es así, ¿por quién?
    c. ¿Su empleador le pregunto sobre su salud más tarde o al día siguiente? Si fue así, ¿siguieron ofreciéndole llevarlo al doctor si cambiaba de opinión?
20. ¿Pudo regresar al trabajar? Si no, ¿cuántos días perdió?
21. ¿Fué hospitalizado? Si es así, ¿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? [If yes, obtain names so they can be interviewed]. ¿Fueron al doctor?
24. ¿Usted puede describir la capacitación que ha recibido con respecto al trabajo en los campos tratados con pesticidas?
    a. ¿Quién le dio la capacitación?
    b. ¿Cuándo recibió la capacitación?
    c. ¿Que recuerda de la capacitación sobre lo que se supone que debe hacer su empleador si usted se siente mal por exposición a pesticidas?
    d. ¿La capacitación sobre seguridad de pesticidas fue de su empleador actual o de un empleador anterior?
26. Usted sabe dónde mantiene el ranchero los registros del uso de pesticidas y la información de seguridad (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?

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

e. Private Citizen Exposed to Pesticide Residues

1. ¿Cuándo ocurrió la exposición?
2. ¿Dónde ocurrió la exposición?
3. ¿Se hizo una aplicación de pesticida en o cerca de la propiedad?
4. ¿Qué pesticidas se aplicaron?
5. ¿Quién hizo la aplicación?
6. ¿Cuándo la hicieron?
7. ¿Dónde la hicieron?
8. ¿Usted olió o saboreó 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

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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					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
2					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
3					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
4					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
5					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
6					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
7					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
8					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
9					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER
10					☐EYES BURN/TEAR ☐NOSE IRRITATED ☐COUGH ☐SORE THROAT ☐SHORT BREATH ☐RASH/ITCH ☐HEADACHE ☐DIZZY ☐ODOR ☐VOMIT/NAUSEA ☐OTHER

STATE OF CALIFORNIA

PESTICIDE EPISODE INVESTIGATION
NON-OCCUPATIONAL EXPOSURE SUPPLEMENT

PR-ENF-128 (EST. 12/03) Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

(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	NUMBER EXPOSED OUTDOORS	IS EXPOSURE ONGOING?
☐ HOUSE ☐ APT. ☐ SCHOOL ☐ VEHICLE: TYPE_____ ☐ RETAIL ☐ OPEN AREA ☐ OTHER _____	NUMBER EXPOSED INDOORS _____	☐ YES ☐ NO

DID ANYONE SEE A DOCTOR? ☐ YES ☐ 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? ☐ YES ☐ 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 HAPPENENED, 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			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
2			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
3			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
4			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
5			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
6			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
7			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
8			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ 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

STATE OF CALIFORNIA

DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

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			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
10			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
11			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
12			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
13			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
14			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ NO
15			☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR ☐ HEADACHE ☐ VOMIT/NAUSEA ☐ OTHER	☐ YES ☐ 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?