

This form will help you record your notes about a pesticide incident or illness.
The information can help investigators find out what happened.

GENERAL INFORMATION

You do not need to provide personal information if you do not want to. You can file a complaint without giving your name or the name of anyone else.

Your name _____

Your address _____

Do you want a copy of the incident report mailed to you? Yes No

Your phone number _____

Names of other witnesses (if you know them) _____

DESCRIBE WHAT HAPPENED

Where the incident happened (please write in the street address or the general location) _____

The date and time of the incident _____

Was it: Indoors Outdoors

If it was indoors, was it:

At home At a school At work Other (please specify) _____

If it was outdoors, was it:

In your back yard On your street In a park

In your front yard At a school playground Along a road

In an agricultural field Other _____

How far away were you? _____

What did you see? Describe what happened. *For example, did you see a pesticide application nearby? Was there a spill or a leak? Was the pesticide being sprayed? Being mixed? Transported?* _____

If you saw it, describe the equipment being used to apply the pesticide

- A tractor. Was the tractor spraying up or down? Up Down
- A hand-held or backpack sprayer A helicopter An airplane
- Other _____

Use this space to make notes about the color, license number, or other markings on the equipment used to apply the pesticide: _____

Did you see any dust or particles? Yes No

Describe the weather:

Wind

- No wind
- Light breeze
- Medium wind
- Strong wind
- Gusty winds

Wind direction from the:

- North
- South
- East
- West
- From direction of this landmark: _____

Skies

- Clear
- Cloudy
- Foggy
- Raining/drizzling

If you know, what was the name of the pesticide? _____

If you know the name of the company, utility, or government agency doing the application (for example, you saw their truck), write it here: _____

WHAT WERE THE EFFECTS?

Did you smell or taste anything unusual? If so, describe it as best you can. *Try to associate the odor with something familiar, like rotten eggs, sweet or sour chemicals, garlic, or chlorine. Some other descriptions are oily, metallic, sharp, burning, light or heavy.*

Did you feel anything on your skin, eyes, or clothing? Yes No

Did you inhale fumes? Yes No

Did you eat contaminated food? Yes No If yes, what was it? _____

Was anyone injured? Yes No

If yes, when did they start feeling sick? _____

Name of the injured person, or the type of animal or plant injured. _____

(You don't have to provide names or other personal information, if you do not want to.)

Address of injured person _____

(If you know the names of other people who were injured, you can write them below)

What were their symptoms? What part of the body was affected? How long did the symptoms last?

Did the injured person go to the doctor or to the hospital? If so, please list the name of the doctor or hospital, and phone number if you have it. _____
