



BEYOND PESTICIDES

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PESTICIDE INCIDENT REPORT

Please complete this form and return it to Beyond Pesticides by email:

info@beyondpesticides.org, Fax: (202) 543-4791 or mail: 701 E Street, SE, Washington, DC 20003

Disclosure Approval:

Please Initial One:

_____ I give my permission to release this form and/or the information contained herein to the media, policy makers, and other victims.

_____ I will only permit the release of this form if it is done anonymously. However, you may use my city and state *only* for reference purposes.

Signature: _____ Date: _____

May we contact you again? Yes No

Today's Date: _____ Name of Person Completing This Form: _____

Your Address: _____ City: _____ State: _____

Zip Code: _____ Email Address: _____ Phone Number: _____

Date of Incident: _____ Name of Injured Person or Type of Animal/Plant: _____

Age of Injured Person: _____ Gender: _____ Your Relationship to Injured Person: _____

Injured Person's Contact Information, if different from above: _____

PLACE OF EXPOSURE:

Indoors—Please Specify (home, school, workplace, etc.): _____

Outdoors—Please Specify (yard, farm, golf course, park, etc.): _____

Food Residues and/or Water—Please list consumable item: _____

PESTICIDE(S) EXPOSED TO (IF KNOWN):

Please include the product name and/or active ingredient. If you have a label, please attach a copy:

TYPE OF PEST TARGETED: _____

PESTICIDE APPLICATOR:

Self Neighbor Farmer Golf Course Utility Company School

Public (local or state government) Commercial (name of company): _____

Other: _____

METHOD OF APPLICATION:

Aerial Aerosol Fogger Wood Preservative Fumigation/Tenting Other:____

ROUTE OF EXPOSURE(S):

Inhalation Dermal (through the skin) Ingestion Other:_____

Did the incident occur as a result of use according to label instructions? Yes No

Please describe: _____

Were you notified in advance that a pesticide was used?

Yes: How and when were you notified? _____

No: How did you discover that the pesticide had been applied? _____

EXPOSURE INCIDENT

Please provide an account of the incident below (attach additional sheets if necessary):

FOLLOW-UP:

Are you chemically sensitized?

Yes: Was it a result of this particular incident? If No, please describe the reason for sensitization: _____

No

Have you taken or are you considering taking legal action regarding this incident?

If Yes, please elaborate on the results/status of the case: _____

Would you recommend your attorney to others? Yes No

If Yes, please provide your attorney's name, address, and telephone number: _____

Did you notify a public authority or agency about this incident? Yes No

If Yes, please elaborate on what took place (Was there an investigation? Was any action taken? Were any tests conducted?): _____

Did you see a doctor? Yes No

If Yes, please indicate which medical tests were conducted (if any):

Blood Count Biochemical Screen Urinalysis Routine Liver Profile

Red Blood Cell/Serum Cholinesterase with Dibucane Level Nerve Conduction Timing Test

Other: _____

Did the results show pesticide residues or poisoning? Yes No

If Yes, what did the results show?: _____

Please elaborate about diagnosis, treatment, etc. _____