



# BEYOND PESTICIDES

701 E Street, SE ■ Washington DC 20003  
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## PESTICIDE INCIDENT REPORT

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

**[info@beyondpesticides.org](mailto: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

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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. \_\_\_\_\_