

PESTICIDE EPISODE NOTIFICATION RECORD

AMENDED? YES NO

ADDITIONAL SUPPLEMENTAL REPORT ATTACHED: YES NO

PAGE _____ OF _____

PREPARED BY	SOURCE OF INFORMATION	DATE RECEIVED	TIME
PRIORITY EPISODE NUMBER	COUNTY OF OCCURRENCE	DATE OF OCCURRENCE	TIME
TYPE OF EPISODE (Check one or more): <input type="checkbox"/> HUMAN EFFECTS # _____ <input type="checkbox"/> SPECIAL INCIDENTS: <input type="checkbox"/> DEATH <input type="checkbox"/> ENVIRONMENTAL EFFECTS <input type="checkbox"/> ECONOMIC LOSS \$ _____		EPISODE LOCATION GPS COORDINATES SECTION TOWNSHIP RANGE B AND M NEAREST CROSS STREETS	

BASIS - PLEASE CHECK ALL APPLICABLE BOXES IF IT **APPEARS** THAT ANY OF THE FOLLOWING APPLIES:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> IN-PATIENT STATUS - LESS THAN 24 HOURS | <input type="checkbox"/> ECONOMIC LOSS - 20% OF CROP YIELD | <input type="checkbox"/> ANIMALS NON-TARGET FISH - 500 OR MORE | <input type="checkbox"/> SPECIAL INCIDENTS - TRIBES |
| <input type="checkbox"/> IN-PATIENT STATUS - MORE THAN 24 HOURS | <input type="checkbox"/> DRINKING WATER - 10 OR MORE HOMES | <input type="checkbox"/> ANIMALS NON-TARGET BIRDS - 50 OR MORE | <input type="checkbox"/> SPECIAL INCIDENTS - STATES |
| <input type="checkbox"/> SYMPTOMS - 5 OR MORE PEOPLE | <input type="checkbox"/> AIR - 5 OR MORE PEOPLE EVACUATED | <input type="checkbox"/> LISTED ENDANGERED SPECIES - 1 OR MORE | <input type="checkbox"/> SPECIAL INCIDENTS - EQUIPMENT |
| <input type="checkbox"/> ECONOMIC LOSS - \$20,000 TO \$49,999 | <input type="checkbox"/> LAND - 1/2 ACRE OR MORE FOR 1 YEAR | <input type="checkbox"/> HIGH PRIORITY - ENDANGERED SPECIES | <input type="checkbox"/> SPECIAL INCIDENTS - OTHER |
| <input type="checkbox"/> ECONOMIC LOSS - \$50,000 OR MORE | <input type="checkbox"/> LAND - CLEAN-UP \$50,000 OR MORE | <input type="checkbox"/> DOMESTICATED ANIMALS, GAME, OR OTHER NON-TARGET ANIMALS - 5 OR MORE | |

BRAND NAME OF PESTICIDE/ACTIVE INGREDIENT	REGISTRATION # FROM LABEL	CAT.	COMMODITY/SITE TREATED	DATE

SUMMARY OF EPISODE/DAMAGE (Continue on page 2, if necessary):

PERSON/BUSINESS ALLEGEDLY RESPONSIBLE FOR EPISODE/DAMAGE

IF ENVIRONMENTAL EFFECTS OR PROPERTY LOSS: BUSINESS NAME OR OWNER (First name and Last name) AND ADDRESS (Number and Street, City, State, ZIP Code)

INVESTIGATING AGENCY(IES)	AGENCY NOTIFICATION
SUSPECTED VIOLATIONS:	U.S. EPA: Mr. Bill Lee
	CAC:
	DIR: Mr. Garrett Keating
	CDPH: Dr. Justine Weinberg
	OEHA: Dr. William Ngai, Dr. James Nakashima
DPR ROUTING:	OTHER:
	OTHER:
	DATE SENT:

CDPR-Priority Notification Group

010920

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE EPISODE NOTIFICATION

DPR ENFORCEMENT BRANCH
1001 I STREET, P.O. BOX 4015
SACRAMENTO, CALIFORNIA 95812-4015
www.cdpr.ca.gov

RECORD DPR-ENF-114 (REV. 03/14) (REVERSE)

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PRIORITY EPISODE NUMBER: _____

PAGE _____ OF _____

SUMMARY OF EPISODE/DAMAGE, Continued (*Continue on supplemental form, DPR-ENF-116, if necessary*):