IV. THE INVESTIGATIVE REPORT

A. General Comments

The investigator must maintain an impartial position at all times. The investigative report must not reflect the attitudes or opinions of the investigator. The investigative report must include all relevant evidence. This includes information about farming practices, etc., that is generally accepted as common knowledge within the industry, but may not be known by DPR staff, hearing officers, and others who review the investigative reports. The reviewer cannot properly consider information the investigator knows, but excludes from the report. Remember, even negative findings can help direct the reviewer to form a valid conclusion and, in addition, demonstrates the thoroughness of the investigation. Omitting information from the report as unimportant can lead to the conclusion that the investigator failed to adequately investigate all aspects of the episode.

Based on the information obtained during the investigation, the investigator must only draw conclusions within his/her scope of expertise. Conclusions pertaining to violations of the laws and regulations, and whether the implicated chemicals are pesticides or used as pesticides, fall within the investigator's expertise. **Do not make conclusions based on medical information uncovered during the investigation. The investigator must not draw conclusions about the relationship of the exposure and the illness.** This falls outside the scope of the investigator's expertise.

B. Report Writing:

Your report is the definitive record of an investigation. It is an orderly account of where you went, what you did, and all of the information and evidence you obtained relevant to the episode. It answers the questions of who, what, when, where, why and how. Concentrate on making reports logical and accurate, so they can be complete and still concise. A well-written report gives the reader confidence in your education, experience, objectivity, and professionalism, as well as reflecting positively on your department.

Write reports in the first person and active voice. Keep sentences simple and direct. Use everyday language when possible. Try to think of vivid verbs to evoke the events you describe, but beware of emotionally loaded terms that could lead people to question your objectivity. Your goal is to write reports so complete and well organized that someone could base prosecutions on them, even in your absence. Brief reports often work better than lengthy ones. It takes time and effort to condense reports to their essence, but it makes your work enormously more effective.

Include enough detail that reasonably educated people can follow your report, even if they are unfamiliar with the case, local conditions and practices, and the laws and regulations. Hearing officers, district attorneys, the respondents, and the public may all use your reports, not to mention DPR and your supervisor. Help your readers find the information they need to reach their own conclusions from the logically ordered facts in your report.

Identify all the areas of regulatory concern that you investigated. Document the evidence that supports any violations, but do not exclude information that supports the individual or business being investigated. Remember DPR and your supervisors use your reports to assess the need for enforcement action. If you identify any violations, the report must identify those violations and supply information from which to gauge the degree or severity of violation.

The report should identify the source of all information and statements included in the report. When referring to people in the report, use the initial of their first name followed by their last name. Type the name in capital letters. For example, John Doe, would be referred to as J. DOE. Handling names in the report this way will assist staff in removing the names to fulfill public disclosure of records requests.

C. Standard Narrative Format

To facilitate well-organized and informative investigative reports, the report must include the following standard narrative elements. Non-priority antimicrobial investigations are exempt from this format requirement.

Summary: One paragraph summarizing the episode.

Background Information: Pertinent background information related to the episode.

Violations: List all violations of the laws, regulations, and labeling found during the investigation, including violations that did not contribute directly to the episode.

Witnesses: List of all witnesses involved in the episode. For each person, list his/her name, employer (if applicable), address, and telephone number.

Investigation and Statements: The narrative portion of the investigation report detailing how the episode occurred. Witness interview statements/summaries are included in this section. For each interview, state the date and time of the interview, who conducted the interview, how the investigator conducted the interview (i.e. in-person, over the telephone), where the investigator conducted the interview, the translator (if applicable), and if anyone else was present during the interview.

Findings: Summarize the investigative findings supported by the evidence. Provide summary information identifying and supporting the elements of any violations found during the investigation.

Attachments: List of supporting evidence for the episode investigation.

D. Investigation Report Forms - Overview

For all pesticide episode investigations, the PEIR form (PR-ENF-127) must be completed. Form PR-ENF-182 may be substituted for pesticide episode investigations involving antimicrobials.

Use the following guidelines to complete the PEIR form series (PR-ENF-127, PR-ENF-127 A through D, PR-ENF-182). Use the face sheet (PR-ENF-127; PR-ENF-182 for antimicrobial incidents) for all investigations. Complete the face sheet as fully as possible. Begin the summary of the investigation on the face sheet. State "refer to narrative" or "see attached" only to indicate continuation if sufficient space is not available on the face sheet. It is not necessary to repeat information in the narrative that is clearly stated on the face sheet. If you need more space or to update information at a later time, use the Supplemental Report form (PR-ENF-127A). Typed narrative reports may be substituted for the supplemental form.

When an episode involves several people as witnesses, complainants or injured, use the Episode Witness/Injured/Complainant Report form (PR-ENF-127B) to record specific personal data and avoid the need to prepare several similar narrative reports. The investigator may find this particularly useful for human cluster illness episodes.

A map or sketch contributes greatly to a reader's understanding of the investigative report, particularly to show damage patterns or sampling locations. Use the Episode Site Diagram form (PR-ENF-127C) for this purpose. Existing farm maps may be substituted, when appropriate.

Agricultural field worker dermatitis injuries require the investigator to gather certain specific information relevant to the situation. Use the Field Worker Dermatitis Supplemental Report form (PR-ENF-127D) to provide this data. The simple check box format helps avoid the need for long narrative reports.

Report episodes involving exposure to antimicrobial (disinfectant, sanitizer, etc.) pesticides on the Antimicrobial Exposure Episode Report form (PR-ENF-182) as an alternative to using the face sheet (PR-ENF-127). DPR designed this form for the collection of information pertinent to a worker safety evaluation. The simple check-box format aids the investigator in collecting necessary information. It is not necessary to complete and submit both forms.

The following table lists the forms and their use for episode investigation reports.

Form #	Title	Use
PR-ENF-127	Pesticide Episode Investigation Report (PEIR)	Required for all investigative reports. PR-ENF-182 may be substituted for investigations involving antimicrobial pesticides.
PR-ENF-127A	Pesticide Episode Investigation Supplemental Report	Narrative report. Typed reports may be submitted on regular copy paper.
PR-ENF-127B	Episode Witness/Injured/ Complainant Report	Reporting of additional persons involved (exposed, witnesses or complainants).
PR-ENF-127C	Episode Site Diagram	Detailed diagram of incident area. Existing permit maps may be substituted, when appropriate.
PR-ENF-127D	Field Worker Dermatitis Supplemental Report	Provides specific information relevant to field worker dermatitis episodes.
PR-ENF-182	Antimicrobial Exposure Episode Report	Alternative form that may be used for investigations alleging to involve antimicrobial pesticides.

E. Investigation Report Forms: Completing the Forms

1. Pesticide Episode Investigation Report (PR-ENF-127)

The following guides the investigator in completing the face sheet of the Pesticide Episode Investigation Report form (PR-ENF-127).

General Information:

Page: The face sheet is the first page of all reports, except when using the Antimicrobial Exposure Episode Report form. Use the space to indicate the total number of pages in the report excluding appended records or other supporting evidence.

Received By: State the name of the person within the investigating agency who first received notification about the episode. Do not use this line to record internal agency assignment of investigative duties. The purpose of this information is to document the official notification of the occurrence of the episode and the beginning of the investigation.

Received From: Record the name of the person who provided the first notification of the episode to the investigating agency.

Representing: Record the agency, firm, or organization of person giving the notification.

Date/Time Received: Record the date and time of notification.

Type of Episode: Check the appropriate box(es) that apply. The types of episodes are defined on page 2. If human effects, indicate the number of people involved. If property loss/damage, indicate the estimated value. If a Report of Loss was filed, use the reported value estimate. Identify the source of the value estimate in the narrative, if not otherwise identified. If an environmental effect, identify the type of effect. If none of the above, check other and explain.

Priority Investigation: If the investigation involves a priority episode, check “yes” and record the priority number assigned by DPR. Otherwise, check “no”.

Other I.D. No.: An optional box the CAC may use for a separate CAC tracking number or for an identifying number assigned by another governmental agency. There are separate boxes for WH&S case number and priority episode number.

County of Occurrence: Write the name of the county where the episode occurred. Do not substitute the designated county number.

Date/Time of Occurrence: Record the date and time the episode occurred. The date must reflect the actual date of occurrence, which may differ from the date listed on the PIR/DFROII.

Episode Location: Clearly and concisely state where the episode occurred (i.e., street address, field identification number).

Person Notified/Date: For each of the listed agencies, identify anyone notified of the episode. Record the date of notification.

Injured/Complainant Information:

Complaint Signed: Indicate "yes" if the complainant filed a Report of Loss, Nonperformance or Damage form (PR-ENF-008), Report of Human Exposure or Unsafe Condition form (PR-ENF-074) or a signed written statement, otherwise check "no" or "N/A" as appropriate.

Doctor Visited: Check "yes" or "no" to indicate whether the injured person or complainant sought medical attention following the alleged exposure. Check "N/A" if the incident does not involve a human effects episode.

Extent of Injury/Illness: This box is applicable only to *human effects episodes*. Check the appropriate box to indicate the effects. Check one of the following: "fatal" if the person died; "serious" if the person required hospital admission as “inpatient status”; "symptoms" if the person had any signs or symptoms that were less than "serious"; or "exposed only" if the person experienced no signs or symptoms of illness or injury.

Activity of Person Exposed/Involved: Indicate the individual's specific activity when the exposure occurred. This may be different from occupation. Check "mixer/loader" if the exposure occurred as the individual prepared a pesticide for application. Check "applicator" if the exposure occurred as the individual applied a pesticide (including antimicrobial pesticides) by any method (Field workers applying pesticides in irrigation water (chemigation) are considered applicators. If an individual becomes ill after mixing, loading

and applying a pesticide, and cannot identify an exposure event, check both activities. Check "field worker" if the exposure occurred while an individual worked in an agricultural field and not involved in a pesticide handling process. Check "public" if the exposure occurred while the individual was not working. Check "other" if exposure occurred in an occupational setting other than those named above. Specify the individual's activity in the "explain" space if "field worker", "public", or "other" is checked.

Name, Address, Age, Gender (Sex), and Phone: Complete the personal identification information about the injured/complainant.

WHS No.: Enter the assigned WHS number (i.e. 200X-XXX). For human effects episodes, WH&S assigns each individual a separate case number. For episodes identified by alternate means, there may be no WHS number. In this case, leave the WHS number blank.

Workdays Lost: Indicate the number of days the injured/complainant remained off work (or other accustomed activity, such as school attendance) due to the effects of the alleged exposure. Do not count the day the person was first injured and/or sought medical attention. If disability status is ongoing, indicate "indefinite" in the box and explain in the narrative. If available information does not specify whether or not the affected person experienced a period of disability, enter "unknown".

Medical Facility Name: Record the name of the medical facility (hospital, clinic, etc.) where the person sought medical attention.

Treatment/Observation: Check "treatment provided" if the individual received treatment by a physician or medical facility. Check "observation only" if medical personnel evaluated the individual, but provided no treatment.

Hospitalized: Record formal admission to the hospital (inpatient status). Do not count emergency room visits as time hospitalized.

Date and Time Admitted/Discharged: Record the date and time of both hospital admission and discharge. If the doctor admits the individual directly from the emergency room, count the time spent in the emergency room as hospitalization.

Physician, Address, Phone: Complete the information about the principal attending physician.

Signs/Symptoms: List the effects attributed to the exposure by the injured person and/or the physician. Acquire the information by interviewing the injured person, when possible. The information provided on the PIR/DFROII may be incomplete or inaccurate.

Employer, Address, Phone: Record the information about the injured person's employer at the time of the exposure. If self-employed, state "self-employed" in this space.

Protective Measures (Engineering Controls and Personal Protective Equipment) Used: **This section is very important in determining the cause of the illness/injury and how it may have been prevented.** Check the boxes that most accurately describe the protective measures **actually in use** by the injured/complainant at the time of the alleged exposure. If the protection used is not listed, check "Other" and explain in the space provided. If no protective measures were used, check "none". **Fill out this section even for non-handling activities.** Additional information is listed below for some of the check boxes:

Safety glasses: Safety glasses as specified in 3CCR section 6738(b)(2)(A).

Work Clothes: Employee-provided garments meeting specifications listed in 3CCR section 6000, Work Clothing definition.

Coveralls: Employer-provided garment meeting specifications listed in 3CCR section 6000, Coverall definition. Specify the type of coverall (i.e., cloth, disposable) worn.

Chemical-Resistant Clothes: Employer-provided clothing made of specific materials that meet the specifications listed in 3CCR section 6000, Chemical Resistant or Waterproof definition.

Other: Check this box when the type of clothing/equipment matches no existing protective measures category. Do not check "Other" and enter "None" for "Other Protective Measures" unless the individual wore no clothes. For an individual wearing ordinary street clothes, check "Work Clothes".

Closed System: A procedure for handling pesticides that avoids hand-pouring and meets the specifications listed in 3CCR section 6000, Closed System definition.

Enclosed Cab: A chemical-resistant barrier meeting the specifications listed in 3CCR section 6000, Enclosed Cab definition.

Enclosed Cab with Air Purification: An enclosed cab that meets the specifications listed in 3CCR section 6000, Enclosed cab acceptable for respiratory protection definition. Enclosed cabs certified by the manufacturer as meeting American Society of Agricultural Engineers Standard S-525 (Rev. 5/98) are acceptable under this definition.

Environmental or Property Damage:

Description of Damage: Describe the damage and nature of the effects.

Amount/Value: Record the amount or value as estimated by the complainant or the investigator. This value may be stated in terms of acres, tons, trees, or dollar amounts. Identify the source of the estimate in the narrative.

Owner, Address, Phone: Record the information of the property owner. For leased fields, list the lessee. If the owner is listed as the injured or complainant, state "same as above".

Alleged Respondents:

Status: If you suspect a person or company (PCA, dealer, etc.) of being responsible for the episode, check their status. If "other" is checked, explain in the space provided at the bottom of the Alleged Respondents section.

Name, Address, And Phone: Complete with the information known about the person or firm suspected of being responsible for the episode. If a licensee, record the name as it appears on the license.

License/Permit No.: If the person or firm holds a license or permit, record the type and number. If more than one, record the type most directly related to activities that allegedly contributed to the episode.

Recommendation Made: Indicate if a Licensed Agricultural Pest Control Adviser (PCA) made a recommendation for the application. If a PCA made the recommendation, record the number in the space provided.

Employer's Name, Address: Record the name and address of the respondent's employer. If self-employed, state "self-employed". For non-occupational cases, put “N/A”.

Pesticide Information:

Pesticide Name/Manufacturer: Record the full name of the pesticide product (i.e., Roundup Pro Herbicide, not Roundup) and the manufacturer. Record this information for all pesticides (including adjuvants) as well as any fertilizers or other components in the tank mix. For cases involving residue, list all materials applied to the field(s) of interest for the previous 30 days. List the pesticides from the most recent application in the provided space and identify the balance in the narrative. For cases involving non-pesticidal chemicals, list the product name and manufacturer in the provided space. For episodes involving no chemicals, put “N/A”.

EPA Registration Number: Enter the EPA registration number from the pesticide product label, including the subregistrant number, if applicable. Since most product labels do not include California’s alpha code, obtain the code from the Registration Branch or from the DPR label database.

Category: Enter the toxicity category of the pesticide product as indicated by the signal word on the label.

Dose/Dilution/Volume: Enter the amount of pesticide product, diluent, and mixture applied per unit (for example: 2 lb. product/100 gallons water/acre).

Treatment Date: Record the date of application or use.

Commodity/Site Treated: Record the crop, site, or item treated.

Equipment Type/Make/Model/Description: Identify the specific type(s) of application equipment used in the episode. For episodes where more than one pesticide application may have contributed, list the specific type of equipment for each application. Examples of equipment include helicopter, air blast sprayer, boom sprayer, backpack sprayer, and hand pump sprayer. Be sure to include any identification number used by the firm. Describe the location and configuration of the nozzles. Record the use of electrostatic equipment or other technologies.

Episode Narrative:
Use the Standard Narrative Format listed in Section IV C.

Signatures:
Report Prepared By: The investigator should sign and date the report when it is completed.

Report Reviewed/Approved By: The CAC supervisor or deputy commissioner who reviews the report should also sign and date the report. While review is not mandatory, the signature of a supervisor or deputy commissioner suggests the CAC utilizes a review process to maintain quality control over the investigative reports.

2. Pesticide Episode Investigation Supplemental Report (PR-ENF-127A)

The following is a guide for completing the Pesticide Episode Investigation Supplemental Report form (PR-ENF-127A). Use this report form for the standard narrative report format. Typed narrative reports may be substituted for this form.

Page: Indicate where in the sequence of the report this sheet is located (i.e. page 7 of 15).

Location/Subject: Use a title or statement to identify the episode to which this relates (such as name of injured/complainant or nature of effects).

Priority/WHS No.: If the episode is a priority investigation, record the assigned priority number in this box. If the episode is not a priority investigation and involves human exposure, record the WHS number(s) in this box (if one has been assigned).

Other I.D. No., County of Occurrence & Date of Occurrence: See instructions for PR-ENF-127.

Narrative Continuation/Supplemental Report: Check the "narrative continuation" box if the form is used with the face sheet. If the form is used to amend a report or add additional information to a previous report, check "supplemental" report. If neither of these entries apply, check "other" and explain.

Remarks: See "Standard Narrative Format" under section IV (C) to facilitate well-organized and informative investigative reports. Within the narrative report, include all available information obtained during the investigation (see section II for information to include). Remember, even negative findings have a bearing on the case. In addition, negative findings demonstrate a thorough investigation. Lack of this kind of information implies the investigator failed to examine aspects of the episode not covered in the written report.

Report Prepared By & Report Reviewed/Approved By: See instructions for PR-ENF-127.

3. Episode Witness/Injured/Complainant Report (PR-ENF-127B)

Use the following as a guide when completing the Episode Witness/Injured/Complainant supplement (PR-ENF-127B) of the Pesticide Episode Investigation Report. Use this report form to record information about other people involved in the episode.

A face sheet (PR-ENF-127) must be submitted with the report even when using this form.

The Witness/Injured/Complainant section must be completed for each injured person. For the first person identified, complete this information on the face sheet. All other people should be put on the Episode/Witness/Injured/Complaint form (PR-ENF-127B). DPR will return Pesticide Episode Investigation Reports submitted without this section completed for those injured.

Page: Indicate where in the sequence of the report this sheet is located.

For all other sections of this form, refer to the corresponding instructions for PR-ENF-127.

4. Episode Site Diagram (PR-ENF-127C)

Use the following information as a guide when completing the Episode Site Diagram supplement (PR-ENF-127C) of the Pesticide Episode Investigation Report.

Page, Location/Subject, Priority/WHS No., Other I.D. No., County of Occurrence & Date of Occurrence: See instructions for PR-ENF-127A.

Site Diagram: Draw or sketch a clear diagram or map of the area that shows all pertinent information. Be sure to indicate the direction and all pertinent landmarks. For episodes occurring on farms, field maps showing the fields can be substituted.

Legend and Comments: Include any information that will make the map readable.

Report Prepared By & Report Reviewed/Approved By: See instructions for PR-ENF-127.

5. Field Worker Dermatitis Supplemental Report (PR-ENF-127D)

The following is a guide for completing the Field Worker Dermatitis supplement (PR-ENF-127D) of the Pesticide Episode Investigation Report. Use this form only for agricultural field worker (not mixer/loader, applicator) dermatitis cases. A separate form should be completed for each injured employee. The Pesticide Episode Investigation Report must still be filled out for cases requiring this form.

Page, WHS No., Other I.D. No., County of Occurrence & Date of Occurrence: See Instructions for PR-ENF-127a.

Person Providing Information:
Person Contacted: Check appropriate boxes for all person(s) contacted during the investigation.

Translation: Does the contacted person(s) speak English? If not, who served as the translator?

Commodity and Work Activity Information:
Date of onset: Can the person recall when the dermatitis was first noticed? If so, please record the date in the space provided.

Record the commodity and site worked on the date of onset. Also record the site I.D. number, the block I.D., and the variety.

Field Condition: Check any of the field conditions the worker remembers, even if the exact location cannot be identified. When checking the "Other" box, please specify the field condition.

Specific Work Activity: Check the **specific** work activity of the worker when he/she first noticed the rash. When checking the "Other" box, please specify the type of work activity.

Application History:
Application History for Field of Onset: List all pesticides (including adjuvants) applied to the field within the previous 30 days. If no pesticide applications occurred within the previous 30-day period, list the most recent application made to the field in question.

Application History Supplied By: Record the name and title of the person who provided the information for the application history.

Time Before Entry: Record the actual number of days between the last application and entry by the injured person. This may have no relationship to the legal reentry interval.

Exposure Information and Medical History:

Dermatitis Symptoms Experienced: Check all boxes that apply to indicate the nature of the dermatitis. When checking the "Other" box, please specify the type of dermatitis symptom.

Location(s) on the Body: Check all boxes that apply to indicate the areas of the body affected. When checking the "Other" box, please specify the body part involved.

Previous Medical History: Indicate if the employee recalls having a previous history of any of the conditions listed.

Protective Clothing Worn: Check the appropriate box to indicate what the employee remembers wearing to work at the onset of the dermatitis. When checking the "Other" box, specify the type of clothing worn.

Comments: Record any information specific to the injured person that will assist in determining how exposure occurred and the extent of exposure.

Report Prepared By & Report Reviewed/Approved By: See Instructions for PR-ENF-127.

6. Antimicrobial Exposure Episode Report (PR-ENF-182)

Use the following as a guide when completing the Antimicrobial Exposure Episode Report form (PR-ENF-182). The use of this form is **optional**. It may be used instead of the face sheet (PR-ENF-127), but **only** for episodes involving antimicrobial (disinfectants, sanitizers, etc.) products. If an exposure episode involves more than one person, the investigator should either: (1) complete a separate form PR-ENF-182 for each person exposed; or (2) if the exposure information is the same for all people involved, form PR-ENF-127B may be used to record specific personal information.

Page: Indicate where in the sequence of the report this sheet is located, usually first as the alternative face sheet. Indicate the total number of pages in the report, excluding appended records and supporting evidence.

Priority/WHS No.: See Instructions for PR-ENF-127A.

Other I.D. No., County of Occurrence, Date of Occurrence, Name, Age, Gender (Sex), Days in Hospital, Workdays Lost: See Instructions for PR-ENF-127.

Employer Name, Address, Type of Business: Record all known information about the injured person's employer at the time of exposure (e.g. restaurant, hospital, etc.). If self-employed, state "self-employed" in the employer name box.

Specific Work Activity at Time of Exposure: Record the specific activity of the injured at the time of exposure (e.g., cleaning tables, mopping floors, mixing the disinfectant, etc.).

Site/Area Treated: Record the site/area (or intended site/area) treated with the antimicrobial pesticide.

Signs or Symptoms Experienced: List the effects attributed to the exposure by the injured and/or physician. Do not assume the PIR/DFROII is accurate or complete.

Protective Measures Used at Time of Incident: Check the boxes that most accurately describe the protective measures **actually in use** by the injured at the time of the alleged exposure. A box in each section (eye protection, hand/arm protection, and other protective equipment) should be checked, even if no protective measures were in use. If the protection used is not listed, check "Other" and explain in the space provided. If no protective equipment is used, check "None". See PR-ENF-127 for additional information.

Pesticide Name/Manufacturer, EPA Registration Number, Category, Dose/Dilution/Volume, and Treatment Date: See Instructions for PR-ENF-127.

Summary of Exposure Episode: See Instructions for PR-ENF-127. The standardized format is not required for non-priority antimicrobial investigations, but is required for priority episodes involving antimicrobial products.

Report Prepared By & Report Reviewed/Approved By: See Instructions for PR-ENF-127.