State of California Department of Pesticide Regulation Enforcement Branch

## PESTICIDE EPISODE INVESTIGATION NON-OCCUPATIONAL EXPOSURE SUPPLEMENT PR-ENF-128 (Est. 12/03) Page 1 of 2

										_
NAME OF PERSON INTERVIEWED	ADDRESS (	Number and Street, City, S	State	, ZIP Code)						
TELEPHONE NUMBER (Include Area Code)	COUNTY			DATE OF EXPO	OSURE	Т	IME	OCCURR	 ED	_
									AM P	M
EXPOSURE SITE		\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		NUMBER EXP	OSED OUTDOORS	IS			ONGOING?	
RETAIL OPEN AREA OTHE	VEHICLE TYPE	NUMBER EXPOSED INDOORS				Ш	YES	∐ NO		
		NAME OF DOCTOR/ME	DIC							_
	A DOCTOR?	. NAME OF DOCTOR/ME	טוט	AL FACILITY						
ADDRESS OF DOCTOR/MEDICAL FACILITY (Number and	Oursel Oite O	) (				Teren	ONE	NUMBER	: (Include Area Code	- 1
ADDRESS OF DOCTOR/MEDICAL FACILITY (Number and	Street, City, S	iale, ZIP Code)				TELEPHO	ONE	NUMBER	(Include Area Code	;)
DATE(S) PERSONS SAW A DOCTOR			W	/AS ANYONE HOSPITALIZED? I	F "YES", HOW MANY PERSO	NS? IF "Y	ES",	LENGTH	OF STAY (DAYS)	_
			lг	YES NO	I	1				
LOCATION OF EXPOSURE - BE SPECIFIC. USE PAGE 2,	IF NEEDED; A	ATTACH A MAP, IF DESIR	ED.							_
DESCRIBE HOW EXPOSURE OCCURRED. DESCRIBE LC	CATION, ACT	TIVITIES, WHAT HAPPEN	ED,	WHAT WAS SEEN, HEARD, SMI	ELLED, TASTED, AND FELT.	USE PAG	E 2,	IF NEEDE	D.	_
										_
NAME OF PERSONS EXPOSED IN BUILDING (CONTINUE LIST ON PAGE 2, IF NECESSARY)	GENDER (M/F)	DATE OF BIRTH (OR AGE)		SYMPTO	DMS EXPERIENCED			Н	AVE SYMPTOMS RESOLVED?	3
(SPACE 1 IS FOR PERSON BEING INTERVIEWED)	(1411.7)	(01(7(02)	$\vdash$	EYES BURN/TEAR NOS	SE IRRITATION   COU	GH □ [	DIZZ	Y 🗖	YES	_
1				SORE THROAT SHORT	T BREATH 🗌 RASH/ITC				NO	
<u>'</u>			H	EYES BURN/TEAR NOS		GH 🏻 [	DIZZ	_	YES	_
2				SORE THROAT SHORT		н 🗀 ос	OOR		NO	
			┢	EYES BURN/TEAR NOS		GH □ [	DIZZ	ı	YES	_
3				SORE THROAT SHORT	ΓBREATH □ RASH/ITC	HO	OOR	ı	NO	
				EYES BURN/TEAR NOS	SE IRRITATION COU			<u>√                                     </u>	YES	_
4			┞	│SORE THROAT ☐ SHORT │HEADACHE ☐ VOMIT/NAU		н 🗆 ос	OOR	-	NO	
				EYES BURN/TEAR NOS	SE IRRITATION   COU	GH	DIZZ'	<u> </u>	YES	_
5			$  \vdash$	SORE THROAT ☐ SHORT HEADACHE ☐ VOMIT/NAU		Н 🗌 ОС	OOR		NO	
				EYES BURN/TEAR NOS	SE IRRITATION COU			Y   _	YES	_
6			-	SORE THROAT SHORT		н 🗆 ос	OOR		NO	
				EYES BURN/TEAR NO	SE IRRITATION 🔲 COU				YES	
7			┞	SORE THROAT		н 🗆 ОС	JUK		NO	
				EYES BURN/TEAR NOS	SE IRRITATION COU				YES	
8			ᅡ	SORE THROAT  SHORT  HEADACHE  VOMIT/NAU		п □ОГ	JUK		NO	
PESTICIDE ALLEGEDLY INVOLVED		REGISTRATION NUMBER	R F		COMMODITY/SITE TR	EATED				
		0144150 05 05555		- PD 0 PED TV TR - :						_
PERSON/FIRM ALLEGEDLY RESPONSIBLE		OWNER OR OPERATOR	≺ OF	PROPERTY TREATED						
INVESTIGATOR'S NAME (PRINT)	INVESTICA	TOR'S SIGNATURE			TITLE			DATE		_
THE PROPERTY OF STRAIGHT	INVESTIGA	TOR O GIGINATURE			11116		ļ	DATE		
	1							l		

State of California Department of Pesticide Regulation Enforcement Branch

## PESTICIDE EPISODE INVESTIGATION NON-OCCUPATIONAL EXPOSURE SUPPLEMENT PR-ENF-128 (Est. 12/03) (Reverse) Page 2 of 2

EYES BURNTEAR   NOSE IRRITATION   COUCH   DIZZY   YES   NO   NO   NO   NO   NO   NO   NO   N	(CONTINUE LIST ON SEPARATE PAGE, IF NECESSARY)			HAVE SYMPTOMS RESOLVED?	
EYES BURN/TEAR   NOSE IRRITATION   COUGH   DIZZY   YES     SORE THROAT   SHORT BREATH   RASH/ITCH   ODOR   NO     HEADACHE   VOMIT/NAUSEA   OTHER   YES     SORE THROAT   SHORT BREATH   RASH/ITCH   ODOR   NO     HEADACHE   VOMIT/NAUSEA   OTHER   NOSE IRRITATION   COUGH   DIZZY   YES     SORE THROAT   SHORT BREATH   RASH/ITCH   ODOR   NO     HEADACHE   VOMIT/NAUSEA   OTHER   NOSE IRRITATION   COUGH   DIZZY   YES     SORE THROAT   SHORT BREATH   RASH/ITCH   ODOR   NO     EYES BURN/TEAR   NOSE IRRITATION   COUGH   DIZZY   YES     SORE THROAT   SHORT BREATH   RASH/ITCH   ODOR   NO     HEADACHE   VOMIT/NAUSEA   OTHER   NO     EYES BURN/TEAR   NOSE IRRITATION   COUGH   DIZZY   YES     SORE THROAT   SHORT BREATH   RASH/ITCH   ODOR   NO     HEADACHE   VOMIT/NAUSEA   OTHER   OTHER   NO     EYES BURN/TEAR   NOSE IRRITATION   COUGH   DIZZY   YES     SORE THROAT   SHORT BREATH   RASH/ITCH   ODOR   NO     HEADACHE   VOMIT/NAUSEA   OTHER   O	,			SORE THROAT SHORT BREATH RASH/ITCH ODOR	<u> </u>
EYES BURNTEAR   NOSE IRRITATION   COUGH   DIZZY   YES   SORE THROAT   SHORT BEATH   RASHITICH   GODG   NO   HEADACHE   VOMITANUSEA   OTHER   YES   YES   SORE THROAT   SHORT BERTHT   RASHITICH   ODDR   NO   HEADACHE   VOMITANUSEA   OTHER   NOSE IRRITATION   COUGH   DIZZY   YES   SORE THROAT   SHORT BERTHT   RASHITICH   ODDR   NO   HEADACHE   VOMITANUSEA   OTHER   NOSE IRRITATION   COUGH   DIZZY   YES   SORE THROAT   SHORT BERTHT   RASHITICH   ODDR   NO   HEADACHE   VOMITANUSEA   OTHER   NOSE IRRITATION   COUGH   DIZZY   YES   SORE THROAT   SHORT BERTHT   RASHITICH   ODDR   NO   HEADACHE   VOMITANUSEA   OTHER   NOSE IRRITATION   COUGH   DIZZY   YES   SORE THROAT   SHORT BERTHT   RASHITICH   ODDR   NO   NO   HEADACHE   VOMITANUSEA   OTHER   NOSE IRRITATION   COUGH   DIZZY   YES   SORE THROAT   SHORT BERTHT   RASHITICH   ODDR   NO   NO   STAND BERTHT   RASHITICH   ODDR   NO   NO   SORE THROAT   SHORT BERTHT   RASHITICH   ODDR   NO   NO   STAND BERTHT   SHORT BERTT   SHORT BERT BERTT   SHORT BERT BERT BERT BERT BERT BERT BERT BE				☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR	<b>-</b>
SORE THROAT   SHORT BREATH   RASHITCH   DOOR   NO   VES   SORE THROAT   SHORT BREATH   RASHITCH   DOOR   NO   NO   STANDARD   SHORT BREATH   RASHITCH   DOOR   NO   VES   SORE THROAT   SHORT BREATH   RASHITCH   DOOR   NO   VES   STANDARD   DOOR   NO   VES   STANDARD   DOOR   NO   VES   STANDARD   DOOR   NO   VES   STANDARD   DOOR   NO   VES   SORE THROAT   SHORT BREATH   RASHITCH   DOOR   NO   VES   SORE THROAT   SHORT BREATH   RASHITCH   DOOR   NO   VES   SORE THROAT   SHORT BREATH   RASHITCH   DOOR   NO   NO   STANDARD   STANDARD				☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR	I''
EYES BURNTEAR   NOSE IRRITATION   COUGH   DIZZY   YES   SORE THROAT   SHORT REATH   RASHITCH   DODR   NO   HEADACHE   VOMITINAUSEA   THERE   THE   T				☐ EYES BURN/TEAR☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR	YES
EYES BURN'TEAR   NOSE IRRITATION   COUGH   DIZZY   YES   DIRN'TEAR   NOSE IRRITATION   COUGH   DIZZY   YES   SURN'TEAR   NOSE IRRITATION   COUGH   DIZZY   YES   STROAT   SHORT BREATH   ASSINTCH   ODOR   NO   NO   NO   NO   NO   NO   NO				☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR	YES
EYES BURN/TEAR   NOSE IRRITATION   COUGH   DIZZY   YES   SURN/TEAR   NOSE IRRITATION   COUGH   DIZZY   YES   SURN/TEAR   NOSE IRRITATION   COUGH   DIZZY   YES   SHORT BREATH   RASH/ITCH   ODOR   NO   NO   NO   NO   NO   NO   NO				☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR	YES
ONTINUATION OF REMARKS (EXPOSURE LOCATION, HOW EXPOSURE OCCURRED)  VESTIGATOR'S NARRATIVE				☐ EYES BURN/TEAR ☐ NOSE IRRITATION ☐ COUGH ☐ DIZZY ☐ SORE THROAT ☐ SHORT BREATH ☐ RASH/ITCH ☐ ODOR	YES
		HOW EXPOSU	IRE OCCURRED)	HEADACHE VOMIT/NAUSEA OTHER	
OT MAP	VESTIGATOR'S NARRATIVE				
OT MAP					
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