

STATE OF CALIFORNIA  
**PESTICIDE EPISODE INVESTIGATION REPORT**  
 PR-ENF-127 (REV. 01/25) PAGE 1 OF 1

**A. GENERAL INFORMATION**

RECEIVED BY _____	RECEIVED FROM _____	REPRESENTING _____	DATE/TIME RECEIVED <input type="checkbox"/> AM <input type="checkbox"/> PM	PERSON NOTIFIED _____	DATE _____
TYPE OF EPISODE <input type="checkbox"/> HUMAN EFFECTS # _____ <input type="checkbox"/> PROPERTY LOSS \$ _____			REPORTABLE INVESTIGATION <input type="checkbox"/> YES # _____ <input type="checkbox"/> NO _____		
<input type="checkbox"/> ENVIRONMENTAL EFFECTS <input type="checkbox"/> OTHER _____		DATE OF OCCURRENCE MO _____ DAY _____ YR _____			
OTHER I.D. NO. _____	COUNTY OF OCCURRENCE _____	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		DFA _____ DFG _____ DPH _____ DIR _____ EPA _____ CAC _____ OTHER _____	
EPISODE LOCATION _____					

**B. INJURED/COMPLAINANT INFORMATION**

COMPLAINT SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		DOCTOR VISITED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		EXTENT OF INJURY/ILLNESS <input type="checkbox"/> Fatal <input type="checkbox"/> Symptoms <input type="checkbox"/> Serious <input type="checkbox"/> Exposed Only		ACTIVITY OF PERSON EXPOSED/INVOLVED <input type="checkbox"/> Mixer/Loader <input type="checkbox"/> Field worker* <input type="checkbox"/> Other* <input type="checkbox"/> Applicator <input type="checkbox"/> Public* *Explain _____	
NAME _____				AGE _____	SEX _____	WHS NUMBER _____	WORKDAYS LOST _____
ADDRESS (Number and Street, City, State, ZIP Code) _____							PHONE _____
MEDICAL FACILITY NAME _____			<input type="checkbox"/> TREATMENT PROVIDED <input type="checkbox"/> OBSERVATION ONLY		HOSPITALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME ADMITTED _____
PHYSICIAN _____			ADDRESS (Number and Street, City, State, ZIP Code) _____				DATE/TIME DISCHARGED _____
SIGN/SYMPOMS EXPERIENCED _____							
EMPLOYER _____				ADDRESS (Number and Street, City, State, ZIP Code) _____			PHONE _____

**PROTECTIVE MEASURES USED**

<b>EYES</b> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Eye/Sun Glasses <input type="checkbox"/> None	<b>HANDS</b> <input type="checkbox"/> Cloth/Leather Gloves <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<b>INHALATION</b> <input type="checkbox"/> Dust Mask <input type="checkbox"/> 1/2 Face Respirator <input type="checkbox"/> Full Face Respirator <input type="checkbox"/> SCBA <input type="checkbox"/> None	<b>OTHER</b> <input type="checkbox"/> Work Clothes <input type="checkbox"/> Coveralls _____ <input type="checkbox"/> Chemical Resistant Clothes <input type="checkbox"/> Chemical Resistant Boots <input type="checkbox"/> Head Covering <input type="checkbox"/> Other _____	<b>ENGINEERING CONTROLS</b> <input type="checkbox"/> Closed System <input type="checkbox"/> Enclosed Cab <input type="checkbox"/> Enclosed Cab w/Air Purification <input type="checkbox"/> Other _____ <input type="checkbox"/> None
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**C. ENVIRONMENTAL OR PROPERTY DAMAGE**

DESCRIPTION OF DAMAGE _____	AMOUNT/VALUE _____
OWNER _____	ADDRESS (Number and Street, City, State, ZIP Code) _____
PHONE _____	

**D. ALLEGED RESPONDENT(S)**

<input type="checkbox"/> PCA <input type="checkbox"/> DEALER <input type="checkbox"/> PILOT <input type="checkbox"/> GROWER <input type="checkbox"/> AGENCY <input type="checkbox"/> OTHER			
NAME _____	PHONE _____	LICENSE/PERMIT NUMBER _____	RECOMMENDATION MADE <input type="checkbox"/> YES # _____ <input type="checkbox"/> NO
ADDRESS (Number and Street) _____		EMPLOYER'S NAME _____	PHONE _____
City, State, ZIP Code _____		EMPLOYER'S ADDRESS (Number and Street) _____	
*EXPLAIN _____		City, State, ZIP Code _____	

PESTICIDE NAME/MANUFACTURER	EPA REGISTRATION NUMBER	CATEGORY	DOSE/DILUTION/VOLUME	TREATMENT DATE	COMMODITY/SITE TREATED

EQUIPMENT TYPE/MAKE/MODEL/DESCRIPTION \_\_\_\_\_

**SUMMARIZE THE EPISODE INCLUDING A DETAILED DESCRIPTION OF EVIDENCE TAKEN (Use Pesticide Episode Investigation Supplemental Report form PR-ENF-127A if additional space is needed)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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REPORT PREPARED BY (NAME/TITLE) _____	DATE PREPARED _____	REPORT REVIEWED/APPROVED BY (NAME/TITLE) _____	DATE APPROVED _____
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