

STATE OF CALIFORNIA
PESTICIDE EPISODE INVESTIGATION REPORT

DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH

PR-ENF-127 (REV. 8/07)

Page 1 of 3

RECEIVED BY ACWM	RECEIVED FROM Karissa Peltier	REPRESENTING Complainant	DATE/TIME RECEIVED 3/10/2022	<input type="checkbox"/> AM <input type="checkbox"/> PM	PERSON NOTIFIED DFA	DATE
TYPE OF EPISODE: <input type="checkbox"/> HUMAN EFFECTS # _____ <input type="checkbox"/> PROPERTY LOSS \$ _____		<input type="checkbox"/> ENVIRONMENTAL EFFECTS <input checked="" type="checkbox"/> OTHER		PRIORITY INVESTIGATION <input type="checkbox"/> YES # _____ <input checked="" type="checkbox"/> NO		
OTHER I.D. NO. ACWM #5336	COUNTY OF OCCURRENCE Los Angeles	DATE OF OCCURRENCE MO 3 DAY 10 YR 2022	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	EPA CAC A. Roderick	3/10/22	
EPISODE LOCATION				OTHER		

INJURED/COMPLAINANT INFORMATION

COMPLAINT SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	DR. VISITED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/> Applicator <input type="checkbox"/> Public	<input type="checkbox"/> Other Explain _____		
NAME	AGE unk	SEX M	WHS NO. N/A	WORKDAYS LOST N/A		
ADDRESS	CITY Burbank		ZIP 91505	PHONE		
MEDICAL FACILITY NAME N/A	<input type="checkbox"/> TREATMENT PROVIDED <input type="checkbox"/> OBSERVATION ONLY		HOSPITALIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME ADMITTED N/A	DATE/TIME DISCHARGED N/A	
PHYSICIAN N/A	ADDRESS N/A			PHONE		

SIGNS/SYMPTOMS EXPERIENCED
N/A

EMPLOYER N/A	ADDRESS N/A	PHONE N/A
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PROTECTIVE MEASURES USED				ENGINEERING CONTROLS			
EYES	HANDS	INHALATION	OTHER	<input type="checkbox"/> Closed System	<input type="checkbox"/> Enclosed Cab	<input type="checkbox"/> Enc. Cab w/Air Purification	<input type="checkbox"/> Other _____
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Work Clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Goggles	<input type="checkbox"/> Chem. Resistant Gloves	<input type="checkbox"/> 1/2 Face Respirator	<input type="checkbox"/> Coveralls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Faceshield	<input type="checkbox"/> Other _____	<input type="checkbox"/> Full Face Respirator	<input type="checkbox"/> Chem. Resistant Clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye/Sun Glasses	<input type="checkbox"/> None	<input type="checkbox"/> SCBA	<input type="checkbox"/> Chem. Resistant Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None		<input type="checkbox"/> None	<input type="checkbox"/> Head Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL OR PROPERTY DAMAGE

DESCRIPTION OF DAMAGE N/A	AMOUNT/VALUE N/A	
OWNER N/A	ADDRESS N/A	PHONE N/A
ALLEGED RESPONDENT(S) <input type="checkbox"/> PCA <input type="checkbox"/> DEALER <input type="checkbox"/> PILOT <input type="checkbox"/> GROWER <input type="checkbox"/> AGENCY	<input checked="" type="checkbox"/> OTHER	
NAME	PHONE N/A	LICENSE/PERMIT NO. N/A
ADDRESS	RECOMMENDATION MADE <input type="checkbox"/> YES # _____ <input checked="" type="checkbox"/> NO	
CITY Burbank	STATE CA	ZIP 91505
EMPLOYER'S NAME N/A	PHONE	
EMPLOYER'S ADDRESS N/A	CITY N/A	STATE N/A
ZIP N/A	ZIP N/A	

PESTICIDE NAME/MANUFACTURER	EPA REGISTRATION NUMBER	CATEGORY	DOSE/DILUTION/VOLUME	TREATMENT DATE	COMMODITY/SITE TREATED
Spectracide	9688-264-8845	Caution	Ready-to-use	Unknown	Backyard

EQUIPMENT TYPE/MAKE/MODEL/DESCRIPTION:
Gasoline container.

SUMMARIZE THE EPISODE INCLUDING A DETAILED DESCRIPTION OF EVIDENCE TAKEN (Use Episode Report Supplement Form PR-ENF-127A if Additional Space is Needed)

Summary noted on the supplemental form.

REPORT PREPARED BY (NAME/TITLE) Danny Estrada- Agricultural Inspector	DATE PREPARED 4/21/2022	REPORT REVIEWED/APPROVED BY (NAME/TITLE)	DATE APPROVED
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STATE OF CALIFORNIA
PESTICIDE EPISODE INVESTIGATION
SUPPLEMENTAL REPORT
 PR-ENF-127A (REV. 8/07)

LOCATION/SUBJECT	PRIORITY/WHS NO.	OTHER I.D. NO. ACWM #5336	COUNTY OF OCCURRENCE Los Angeles	DATE OF OCCURRENCE MO 3 DAY 10 YR 2022
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REPORT/TYPE
 NARRATIVE CONTINUATION SUPPLEMENTAL REPORT OTHER REPORT

REMARKS

On Thursday, March 10, 2022, I was assigned a complaint by Inspector Anne Roderick. The complaint states that the resident at Dr, Los Angeles, CA 91505, is igniting gopher holes after having poured gasoline in them. The concerned neighbor at believes this is being done to eliminate gophers.

On Thursday, March 10, 2022, I spoke with Karissa Peltier, a Police Officer at Burbank Police Department, she submitted the complaint based on information provided to her by the homeowner at Los Angeles, CA 91505. I assured Officer Peltier, I would visit the address she provided and interview the homeowner.

On Friday, March 11, 2022, I met with the homeowner at Los Angeles, CA 91505. I explained to the reason for my visit, I asked him if he had poured gasoline into holes in his backyard, he denied having used gasoline. I asked me to follow him to the backyard, he pointed to the holes on his lawn, which believes are being made by norway rats. According to he uses Spectracide weed killer to eliminate food sources near the holes. I produced the pesticide container, Spectracide weed killer (EPA No. 9688-264-8845), which he bought at Lowe's Home Improvement. I walked me around his backyard and pointed to the holes, and he explained the cleaning measures he takes to limit food availability. I asked me to look over to the neighbor's yard so I could see the clutter, which he believes is harboring rodents. I photographed the neighbor's backyard and at the request of I photographed the neighbor's backyard.

On Wednesday, April 6, 2022, I revisited and presented him with a photograph showing with a gasoline container. According to he uses the gasoline container because it has a longer spout, and he does not need to bend over as much. I told he should not use a gasoline container; he should use the spray gun usually included when buying ready-to-use pesticides. I asked me to join him in the backyard, where he had installed an infra-red sensor that detects motion and emits a high frequency tone that repels pests. I repeated to he should not use gasoline and if he wants to apply Spectracide on his lawn, he should use the recommended equipment.

After my interview with I walked to the complainant's home and spoke with I summarized my interviews with and informed of the new device being used by thanked me for my efforts, and I informed him that I would be closing his complaint.

Conclusion

The complainant, was concerned his neighbor, was eliminating gophers by pouring gasoline in holes. According to the holes were made by norway rats; and he did not pour gasoline, he used the gasoline container to treat the area outside the holes with Spectracide weed killer. It is impossible to know which story is true, but agreed not to use the gasoline container, and to use a spray gun if he decides to utilize Spectracide. In addition to this, purchased a high frequency animal repellent. I also advised I against using pesticides contrary to their intended purpose. No violation was issued, this case is now closed.

REPORT PREPARED BY (NAME/TITLE) Danny Estrada- Agricultural Inspector	DATE PREPARED	REPORT REVIEWED/APPROVES BY (NAME/TITLE)	DATE/APPROVED
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REPORT TYPE

NARRATIVE CONTINUATION SUPPLEMENTAL REPORT OTHER REPORT

REMARKS

Attachments

Attachment #1: Complaint Report ACWM #5336

Attachment #2: Karissa Peltier Report

Attachment #3: with gasoline container

Attachment #4: Holes in backyard

Attachment #5: Spectracide container (front)

Attachment #6: Spectracide container (back)

Attachment #7: Neighbor ' s backyard

Attachment #8: High frequency repellent

Attachment #9: High frequency repellent

Attachment #10: High frequency device box

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