

PESTICIDE EPISODE INVESTIGATION REPORT

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

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RECEIVED BY Ryan Fernandez	RECEIVED FROM [REDACTED]	REPRESENTING Sutter Hospital	DATE/TIME RECEIVED 04/22/2019	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PERSON NOTIFIED DFA _____ DFG _____ DHS _____ DIR _____ EPA _____ CAC _____ OTHER _____	DATE
TYPE OF EPISODE <input checked="" type="checkbox"/> HUMAN EFFECTS # _____ <input type="checkbox"/> PROPERTY LOSS \$ _____		ENVIRONMENTAL EFFECTS <input type="checkbox"/> OTHER _____		PRIORITY INVESTIGATION <input type="checkbox"/> YES # _____ <input type="checkbox"/> NO		
OTHER I.D. NO.	COUNTY OF OCCURRENCE Placer	DATE OF OCCURRENCE MO 04 DAY 19 YR 19	TIME 6:09	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
EPISODE LOCATION Auburn Ca.						

COMPLAINT SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		DR. VISITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	EXTENT OF INJURY/ILLNESS <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input checked="" type="checkbox"/> Symptoms <input type="checkbox"/> Exposed Only	ACTIVITY OF PERSON EXPOSED/INVOLVED <input checked="" type="checkbox"/> Mixer/Loader <input checked="" type="checkbox"/> Applicator <input type="checkbox"/> Field worker* <input type="checkbox"/> Public* <input type="checkbox"/> Other* Explain _____
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NAME [REDACTED]	AGE 72	SEX M	WHS NO.	WORKDAYS LOST 0
ADDRESS [REDACTED]	CITY Auburn	ZIP 95603	PHONE [REDACTED]	
MEDICAL FACILITY NAME Sutter Auburn Faith Hospital	<input checked="" type="checkbox"/> TREATMENT PROVIDED <input type="checkbox"/> OBSERVATION ONLY	HOSPITALIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME ADMITTED 12:15	DATE/TIME DISCHARGED 04/19/19
PHYSICIAN [REDACTED]	ADDRESS 11815 Education Street, Auburn CA		PHONE 530-888-4500	

SIGNS/SYMPTOMS EXPERIENCED
Irritation and redness in eyes

EMPLOYER N/A	ADDRESS N/A	PHONE N/A
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PROTECTIVE MEASURES USED EYES <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input checked="" type="checkbox"/> Eye/Sun Glasses <input type="checkbox"/> None	HANDS <input type="checkbox"/> Cloth/Leather Gloves <input type="checkbox"/> Chem. Resistant Gloves <input type="checkbox"/> Other _____ <input type="checkbox"/> None	INHALATION <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	OTHER <input type="checkbox"/> Work Clothes <input type="checkbox"/> Coveralls _____ <input type="checkbox"/> Chem. Resistant Clothes <input type="checkbox"/> Chem. Resistant Boots <input type="checkbox"/> Head Covering <input type="checkbox"/> Other _____	ENGINEERING CONTROLS <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"/> None
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ENVIRONMENTAL OR PROPERTY DAMAGE

DESCRIPTION OF DAMAGE	AMOUNT/VALUE
OWNER	ADDRESS
	PHONE

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 NO.	RECOMMENDATION MADE <input type="checkbox"/> YES # _____ <input type="checkbox"/> NO			
ADDRESS	EMPLOYER'S NAME		PHONE			
CITY	STATE	ZIP	EMPLOYER'S ADDRESS			
EXPLAIN*	CITY	STATE	ZIP			

PESTICIDE NAME/MANUFACTURER	EPA REGISTRATION NUMBER	CATEGORY	DOSE/DILUTION/VOLUME	TREATMENT DATE	COMMODITY/SITE TREATED
Spectracide Weed Stop	9688-268-8845	Caution	6.5 oz	4/19/19	Yard/Lawn

EQUIPMENT TYPE/MAKE/MODEL/DESCRIPTION
Battery Operated 15 Gallon mounted sprayer

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

See Supplement Form.

REPORT PREPARED BY (NAME/TITLE) Ryan Fernandez Ag Inspector	DATE PREPARED 05/07/19	REPORT REVIEWED/APPROVED BY (NAME/TITLE) Josh Huntsinger Ag Commissioner	DATE APPROVED 05/07/19
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Print Form

STATE OF CALIFORNIA
**PESTICIDE EPISODE INVESTIGATION
SUPPLEMENTAL REPORT**

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PR-ENF-127A (EST. 10/91)

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LOCATION/SUBJECT	PRIORITY/WHS NO.	OTHER I.D. NO.	COUNTY OF OCCURRENCE	DATE OCCURRENCE
[REDACTED]			Placer County	05/07/19
REPORT TYPE				
NARRATIVE CONTINUATION X		SUPPLEMENTAL REPORT		OTHER REPORT


REMARKS

On April 19, 2019, the Placer County Department of Agriculture received a Doctor's First Report of a pesticide injury for [REDACTED]. The report stated that [REDACTED] was treated for exposure to Spectracide Weed Stop for Lawns Plus Crabgrass Killer Concentrate (EPA Reg. No. 9688-268-8845) while making an application at his home.

On April 30, 2019, Ryan Fernandez, Placer County Agricultural and Standards Inspector, visited the application site and spoke with the [REDACTED]. [REDACTED] stated that on April 19th 2019, he was applying Spectracide Weed Stop for Lawns Plus Crabgrass Killer Concentrate on his riding lawn mower while towing his battery-operated 10 gallon sprayer. While making the pesticide application the hose came off of the sprayer's wand and he got sprayed in the face. [REDACTED] said that some of the pesticides did get into his right eye. [REDACTED] stated that his right eye immediately was irritated and he stopped spraying and took a shower. After the shower he drove to the hospital where they washed his eyes out and conducted a full eye exam.

[REDACTED] he stated that while he was making the application, he was wearing long pants, short sleeved shirt, and his normal reading glasses. The label stated "While using this product, wear long-sleeved shirt, long pants, socks, shoes and rubber gloves." [REDACTED] was not wearing any gloves or a long-sleeved shirt.

Considering all available evidence, the Placer County Agriculture Department was able to determine that pesticides were the cause of [REDACTED] eye irritation. Furthermore, the Placer County Agriculture Department determines that [REDACTED] did not wear proper personal protective equipment as required by the pesticide label.

REPORT PREPARED BY (NAME/TITLE)	DATE PREPARED	REPORT REVIEWED/APPROVED BY	DATE APPROVED
Ryan Fernandez/ Inspector	05/07/19	 Joshua Huntsinger /Agricultural Commissioner	05/07/19