

STATE OF CALIFORNIA
PESTICIDE EPISODE INVESTIGATION REPORT

DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH

PR-ENF-127 (REV. 8/07) PAGE 1 OF 1

Page 1 of 1

A. GENERAL INFORMATION

RECEIVED BY TEHAMA AG DEPT.	RECEIVED FROM POISON CONTROL	REPRESENTING	DATE/TIME RECEIVED 04/11/17 6:47	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PERSON NOTIFIED	DATE
TYPE OF EPISODE <input checked="" type="checkbox"/> HUMAN EFFECTS # <u>1</u>		<input type="checkbox"/> ENVIRONMENTAL EFFECTS		PRIORITY INVESTIGATION <input type="checkbox"/> YES # _____ <input checked="" type="checkbox"/> NO		
<input type="checkbox"/> PROPERTY LOSS \$ _____		<input type="checkbox"/> OTHER				
OTHER I.D. NO. 2017-258	COUNTY OF OCCURRENCE TEHAMA	DATE OF OCCURRENCE MO 04 DAY 10 YR 2017	TIME 12:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	DFG _____	_____
EPISODE LOCATION				EPA _____	DIR _____	_____
				CAC _____	OTHER _____	_____

B. INJURED/COMPLAINANT INFORMATION

COMPLAINT SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	DOCTOR 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 type="checkbox"/> Mixer/Loader <input type="checkbox"/> Applicator	<input type="checkbox"/> Field worker* <input type="checkbox"/> Public*	<input checked="" type="checkbox"/> Other* *Explain CHILD AT HOME
NAME [REDACTED]	AGE 1	SEX F	WHS NUMBER	WORKDAYS LOST N/A	PHONE [REDACTED]	
ADDRESS (Number and Street, City, State, ZIP Code)						

MEDICAL FACILITY NAME ST. ELIZABETH COMMUNITY 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	DATE/TIME DISCHARGED
PHYSICIAN [REDACTED]	ADDRESS (Number and Street, City, State, ZIP Code) RED BLUFF		PHONE 530-529-8000	

SIGNS/SYMPTOMS EXPERIENCED
 OCULAR IRRITATION AND PAIN

EMPLOYER N/A	ADDRESS (Number and Street, City, State, ZIP Code)	PHONE
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PROTECTIVE MEASURES USED

EYES <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Eye/Sun Glasses <input type="checkbox"/> None	HANDS <input type="checkbox"/> Cloth/Leather Gloves <input type="checkbox"/> Chemical 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"/> Chemical Resistant Clothes <input type="checkbox"/> Chemical 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"/> 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
SPECTRACIDE HERBICIDE	9688-293-8845	CAUTION	N/A	N/A	N/A

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)

A fifteen month old female was visiting her grandmother along with her mother and grabbed a container of spectracide herbicide (EPA# 9688-293-8845). While carrying the container the toddler dropped it and the contents splashed up into her eyes. The mother immediately washed the toddler's eyes with water and transported her to the local hospital where an irrigation treatment was administered. According to a statement made by _____ (child's mother), during a phone conversation held on April 21, 2017, the child has had no further symptoms and the grandmother has taken the initiative to lock and store her chemicals where they are secure and protected from any possibility for unintentional use. I Thomas A. Moss (Deputy Agricultural Commissioner of Tehama County) am confident that this occurrence was handled in the most appropriate manner and all precautions have been taken to avoid any further incidences

REPORT PREPARED BY (NAME/TITLE) Thomas A. Moss/ Deputy Ag Commissioner	DATE PREPARED 04/21/2017	REPORT REVIEWED/APPROVED BY (NAME/TITLE) <i>Doni Pulejson</i>	DATE APPROVED 4-25-17
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4/25/17