STATE OF CALIFORNIA

# PESTICIDE EPISODE INVESTIGATION REPORT

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DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

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## A. GENERAL INFORMATION

| RECEIVED BY | RECEIVED FROM | REPRESENTING | DATE/TIME RECEIVED | PERSON NOTIFIED | DATE |
|---|---|---|---|---|---|
| M. Zazirska Gabriel | Environmental Health | [redacted] | 9/27/2017 12:29 ☐ AM ☑ PM | DFA | |

TYPE OF EPISODE: ☒ HUMAN EFFECTS # 1 ☐ ENVIRONMENTAL EFFECTS ☐ PROPERTY LOSS $ ☐ OTHER

PRIORITY INVESTIGATION: ☐ YES # ☒ NO

DFG | DPH | DIR | EPA | CAC | OTHER

| OTHER I.D. NO. | COUNTY OF OCCURRENCE | DATE OF OCCURRENCE | TIME |
|---|---|---|---|
| 2017-1109 | Yolo | MO 9 DAY 26 YR 2017 | 11:29 ☑ AM ☐ PM |

EPISODE LOCATION: Residential House

## B. INJURED/COMPLAINANT INFORMATION

COMPLAINT SIGNED: ☐ YES ☐ NO ☒ N/A

DOCTOR VISITED: ☒ YES ☐ NO ☐ N/A

EXTENT OF INJURY/ILLNESS: ☐ Fatal ☒ Symptoms ☐ Serious ☐ Exposed Only

ACTIVITY OF PERSON EXPOSED/INVOLVED: ☐ Mixer/Loader ☐ Field worker* ☐ Other* ☐ Applicator ☒ Public* *Explain

| NAME | AGE | SEX | WHS NUMBER | WORKDAYS LOST |
|---|---|---|---|---|
| [redacted] | 2 | Male | N/A | N/A |

ADDRESS (Number and Street, City, State, ZIP Code): N/A — PHONE: (530)405-6027

| MEDICAL FACILITY NAME | | HOSPITALIZED | DATE/TIME ADMITTED | DATE/TIME DISCHARGED |
|---|---|---|---|---|
| Woodland Memorial Hospital | ☐ TREATMENT PROVIDED ☒ OBSERVATION ONLY | ☐ YES ☒ NO | 9/26/2017 12:29 pm | 9/26/2017 15:29 |

| PHYSICIAN | ADDRESS (Number and Street, City, State, ZIP Code) | PHONE |
|---|---|---|
| N/A | N/A | N/A |

SIGNS/SYMPTOMS EXPERIENCED:

| EMPLOYER | ADDRESS (Number and Street, City, State, ZIP Code | PHONE |
|---|---|---|
| N/A | N/A | N/A |

PROTECTIVE MEASURES USED

| EYES | HANDS | INHALATION | OTHER | ENGINEERING CONTROLS |
|---|---|---|---|---|
| ☐ Safety Glasses | ☐ Cloth/Leather Gloves | ☐ Dust Mask | ☐ Work Clothes | ☐ Closed System |
| ☐ Goggles | ☐ Chemical Resistant Gloves | ☐ 1/2 Face Respirator | ☐ Coveralls | ☐ Enclosed Cab |
| ☐ Faceshield | ☐ Other | ☐ Full Face Respirator | ☐ Chemical Resistant Clothes | ☐ Enclosed Cab w/Air Purification |
| ☐ Eye/Sun Glasses | ☐ None | ☐ SCBA | ☐ Chemical Resistant Boots | ☐ Other |
| ☐ None | | ☐ None | ☐ Head Covering | ☐ None |
| | | | ☐ Other | |

## C. ENVIRONMENTAL OR PROPERTY DAMAGE

| DESCRIPTION OF DAMAGE | AMOUNT/VALUE |
|---|---|
| N/A | N/A |

| OWNER | ADDRESS (Number and Street, City, State, ZIP Code) | PHONE |
|---|---|---|
| N/A | N/A | N/A |

## D. ALLEGED RESPONDENT(S) ☐ PCA ☐ DEALER ☐ PILOT ☐ GROWER ☐ AGENCY ☐ OTHER*

| NAME | PHONE | LICENSE/PERMIT NUMBER | RECOMMENDATION MADE |
|---|---|---|---|
| N/A | N/A | | ☐ YES # ☐ NO |

| ADDRESS | EMPLOYER'S NAME | PHONE |
|---|---|---|
| N/A | N/A | N/A |

| CITY | STATE | ZIP CODE | EMPLOYER'S ADDRESS |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

| *EXPLAIN | CITY | STATE | ZIP CODE |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

| PESTICIDE NAME/MANUFACTURER | EPA REGISTRATION NUMBER | CATEGORY | DOSE/DILUTION/VOLUME | TREATMENT DATE | COMMODITY/SITE TREATED |
|---|---|---|---|---|---|
| ORTHO CRAB GRASS KILLER | 239-2510 | CAUTION | N/A | N/A | N/A |
| | | | | | |
| | | | | | |

EQUIPMENT TYPE/MAKE/MODEL/DESCRIPTION:

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

Please see attached narrative.

| REPORT PREPARED BY (NAME/TITLE) | DATE PREPARED | REPORT REVIEWED/APPROVED BY (NAME/TITLE) | DATE APPROVED |
|---|---|---|---|
| Magdalena Zazirska Ag Biol Inspt | 10/19/2017 | [signature] | 10/19/2017 |