## PESTICIDE EPISODE INVESTIGATION REPORT

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

PROPERTY LOSS \$ OTHER OTHER DR	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29 PHONE N/A  PHONE N/A  IGINEERING CONTROLS used System closed Cab close
TYPE OF PRISODE  PROPERTY LOSS \$ PROPERTY COSTS \$ PROPERTY OF OCCURRENCE OTHER OTHER LONG OF PROPERTY LOSS \$ PROPERTY OF OCCURRENCE OF OCCURRENCE OF OCCURRENCE	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29 PHONE N/A  PHONE N/A  IGINEERING CONTROLS used System closed Cab closed Cab w/Air Purification her  AMOUNT/VALUE N/A
PROPERTY COSS \$	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29 PHONE N/A  PHONE N/A  IGINEERING CONTROLS used System closed Cab closed Cab w/Air Purification her  AMOUNT/VALUE N/A
PROPERTY LOSS \$ OTHER OTHER OTHER OTHER OTHER OTHER OTHER OF OCCURRENCE OTHER	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29 PHONE N/A  PHONE N/A  IGINEERING CONTROLS used System closed Cab
Part	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29  PHONE N/A  PHONE N/A  IGINEERING CONTROLS closed Cystom closed Cab closed Cab w/Air Purification her
ERISODE LOCATION  Salednish flowuse  B. INJURED/COMPLAINANT INFORMATION  COMPLAIN SIGNED  VES NO NA Felat  VES NO NA VES NO NA VES NAME  AGE SEX NAME  AGE SEX NAME NAME NAME  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  Coverate  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code)  NA  ADDRESS (Number and Street, City, State, ZiP Code	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29  PHONE N/A  PHONE N/A  IGINEERING CONTROLS closed Cystom closed Cab closed Cab w/Air Purification her
B. INJURED/COMPLAINANT INFORMATION  COMPLAINT SIGNED  DOCTOR VISITED  DOCTOR VISITED  Pala!  YES NO NO NIA  Pala!  YES SHOULD Exposed Only  Applicator  Pield worker  Exposed Only  Applicator  Exposed Only  Applicator  Pield worker  Exposed Only	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29  PHONE N/A  PHONE N/A  IGINEERING CONTROLS closed Cystom closed Cab closed Cab w/Air Purification her
DOMPLANT SIGNED  DOCTOR VISITED  VES NO NA NA Serious Exposed Only Applicator Peld worker Serious NA	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29  PHONE N/A  PHONE N/A  IGINEERING CONTROLS closed Cystom closed Cab closed Cab w/Air Purification her
YES NO NIA YES NO NIA YES NO NIA Serious Serious No NIA Serious No NIA Serious NIA Applicator Petal No NIA NIA Serious NIA	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29  PHONE N/A  PHONE N/A  IGINEERING CONTROLS closed Cystom closed Cab closed Cab w/Air Purification her
AGE SEX WHIS NUMBER WORKDAYS LOST NA AGE SEX MAIN NUMBER WORKDAYS LOST NA AGE SEX NUMB NUMBER WORKDAYS LOST NA AGE SEX NUMB NUMBER WORKDAYS LOST NA AGE SEX NUMB NUMBER WORKDAYS LOST NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) NA ADDRESS (Number and Street, City, State, ZIP Code) None  EyelSun Glasses None  ADDRESS (Number and Street, City, State, ZIP Code) None  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON Other  ADDRESS (Number and Street, City, State, ZIP Code) NON OTHER  ADDRESS (Number and Str	PHONE (530)-405-8027  ITTED DATE/TIME DISCHARG m 9/26/2017 15:29 PHONE N/A  PHONE N/A  IGINEERING CONTROLS used System closed Cab closed Cab w/Air Purification her  AMOUNT/VALUE N/A
DORESS (Number and Street, City, State, ZIP Code) NIA  MEDICAL FACILITY NAME McGodand Memorial Hospital  DOBSERVATION ONLY PHYSICIAN NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  ADDRESS (Number and Street, City, State, ZIP Code) NIA  Contact and the state and street, City State, ZIP Code) None  Dots Mask Dother  Contact and Street, City, State, ZIP Code) None  Dots Mask Dother  Contact and Street, City, State, ZIP Code) None  Dother  Conta	PHONE (530)405-8027  ITTED DATE/TIME DISCHARG m 9/26/2017 15:29  PHONE N/A  PHONE N/A  IGINEERING CONTROLS used System closed Cab closed Cab w/Air Purification her  AMOUNT/VALUE N/A
DORESS (Number and Street, City, State, 2IP Code) N/A    TREATMENT PROVIDED	(530)405-6027  ITTED DATE/TIME DISCHARG 9/26/2017 15:29  PHONE N/A  PHONE N/A  IGINEERING CONTROLS used System closed Cab closed Cab w/Air Purification her  AMOUNT/VALUE N/A
ADDRESS (Number and Street, City, State, ZIP Code)  ADDRESS (Number an	DATE/TIME DISCHARG 9/26/2017 15:29 PHONE N/A  PHONE N/A  GINEERING CONTROLS used System closed Cab closed Cab w/Air Purification her  AMOUNT/VALUE N/A
Noodland Memorial Hospital    Image: Control on Not	PHONE N/A  PHONE N/A  PHONE N/A  GINEERING CONTROLS used System closed Cab closed Cab closed Cab w/Air Purification one  AMOUNT/VALUE N/A
IVA  IMPLOYER IVA  ROTECTIVE MEASURES USED  EVES  Safety Glassos  Cloth/Leather Gloves  Chemical Resistant Gloves  Chemical Resistant Gloves  Chemical Resistant Boots  None  None  SCBA  None  CENVIRONMENTAL OR PROPERTY DAMAGE  DESCRIPTION OF DAMAGE  WA  ADDRESS (Number and Street, City, State, ZIP Code)  None  CENVIRONMENTAL OR PROPERTY DAMAGE  DESCRIPTION OF DAMAGE  WA  DALLEGED RESPONDENT(S)  PCA  DEALER  PHONE  N/A  PHONE  N/A  PHONE  N/A  DESTICIDE NAME/MANUFACTURER  PA REGISTRATION NUMBER  CATEGORY  DOSE/DILUTION/VOLUME REATMENT DAMAGES  EXPLAN  NA  PESTICIDE NAME/MANUFACTURER  PA REGISTRATION NUMBER  CATEGORY  DOSE/DILUTION/VOLUME REATMENT DAMAGE  DESCRIPTION OF DAMAGES  N/A  PESTICIDE NAME/MANUFACTURER  PA REGISTRATION NUMBER  CATEGORY  DOSE/DILUTION/VOLUME REATMENT DAMAGES  DOSE/DILUTION/VOLUME DAMAGES  DOSE/DILUTION/	N/A  PHONE N/A  IGINEERING CONTROLS Used System closed Cab closed Cab w/Air Purification her AMOUNT/VALUE N/A
ADDRESS (Number and Street, City, State, ZIP Code N/A  ADDRESS (Number and Street, City, State, ZIP Code N/A  PROTECTIVE MEASURES USED EYES  LANDS  INHALATION  OTHER  ENC  Sefety Glesses  Cloth/Leether Gloves  Chemical Resistant Gloves  Interpretation  Coveralis  Faceshield  Other  Full Face Respirator  Chemical Resistant Boots  None  SCBA  Chemical Resistant Boots  None  C. ENVIRONMENTAL OR PROPERTY DAMAGE  DESCRIPTION OF DAMAGE  N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  N/A  N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADDRESS (Number and Street, City, State, ZIP Code) N/A  ADD	PHONE N/A  IGINEERING CONTROLS used System closed Cab closed Cab w/Air Purification ner  AMOUNT/VALUE N/A
N/A  PROTECTIVE MEASURES USED  EYES  HANDS  INHALATION  Dust Mask  Work Clothos  Coveralis  Goggles  Chemical Resistant Gloves  Chemical Resistant Gloves  Interpretation  Foul Face Respirator  Chemical Resistant Clothes  Eye/Sun Glasses  None  None  None  C. ENVIRONMENTAL OR PROPERTY DAMAGE  DESCRIPTION OF DAMAGE  N/A  D. ALLEGED RESPONDENT(S)  PCA  DEALER  PHONE  N/A  DADRESS (Number and Street, City, State, ZIP Code)  N/A  D. ALLEGED RESPONDENT(S)  PCA  DEALER  PHONE  N/A  DADRESS  N/A  DADRESS  N/A  DATE  PHONE  N/A  DADRESS  N/A  DATE  PHONE  N/A  DATE	N/A  IGINEERING CONTROLS  ISSED System  closed Cab  closed Cab w/Air Purification  her
N/A  PROTECTIVE MEASURES USED  EYES  Safety Glasses  Cioth/Leather Gloves  Cioth/Leather Gloves  Chemical Resistant Gloves  Chemical Resistant Gloves  Chemical Resistant Gloves  Chemical Resistant Clothes  Eye/Sun Glasses  None  C. ENVIRONMENTAL OR PROPERTY DAMAGE  DESCRIPTION OF DAMAGE  N/A  D. ALLEGED RESPONDENT(S)  D. ALLEGED RESPONDENT(S)  PCA  DEALER  PHONE  N/A  DADRESS (Number and Street, City, State, ZIP Code)  N/A  DADRESS  DADRESS  DADRESS  DADRESS  DADRESS  DADRE	N/A  IGINEERING CONTROLS  ISSED System  closed Cab  closed Cab w/Air Purification  her
Safety Gisses   HANDS   IINHALATION OTHER   ENC	closed Cab closed Cab w/Air Purification ner
Safety Glasses Goggles Goggles Chemical Resistant Gloves Chemical Resistant Boots Full Face Respirator Chemical Resistant Boots Chemical Resistant Clothes Chemical Resistant Boots Chemical Resistant Boots Chemical Resistant Clothes Chemical Resistant Cothes Chemical Resistant Boots Chemical Resistant Clothes Chemical Resistant Clothes Chemical Resistant Clothes Chemical Resistant Cothes Chemi	closed Cab closed Cab w/Air Purification ner
Faceshield Other	closed Cab w/Air Purification her na  AMOUNT/VALUE N/A
Eye/Sun Glasses None SCBA Chemical Resistant Boots Other None Other Other None Other Ot	AMOUNT/VALUE
None    None   Head Covering   None   Other	AMOUNT/VALUE N/A
C. ENVIRONMENTAL OR PROPERTY DAMAGE  DESCRIPTION OF DAMAGE  ADDRESS (Number and Street, City, State, ZiP Code)  N/A  D. ALLEGED RESPONDENT(S)  PCA  DEALER  PHONE  N/A  N/A  N/A  DEALER  DEALER  PHONE  N/A  N/A  N/A  DEALER  DEALER  PHONE  N/A  N/A  DEALER	N/A
DESCRIPTION OF DAMAGE  N/A  ADDRESS (Number and Street, City, State, ZiP Code)  N/A  D. ALLEGED RESPONDENT(S)  PCA  DEALER  PHONE  N/A  PHONE  N/A  N/A  LICENSE/PERMIT NUMBER  RECOMMENDATI  N/A  LICENSE/PERMIT NUMBER  RECOMMENDATI  N/A  N/A  EMPLOYER'S NAME  N/A  N/A  CITY  N/A  PESTICIDE NAME/MANUFACTURER  ADDRESS (Number and Street, City, State, ZiP Code)  N/A  PHONE  LICENSE/PERMIT NUMBER  RECOMMENDATI  N/A  EMPLOYER'S NAME  N/A  CITY  N/A  PESTICIDE NAME/MANUFACTURER  EPA REGISTRATION NUMBER  CATEGORY  DOSE/DILUTION/VOLUME  TREATMENT DAME	N/A
ADDRESS (Number end Street, City, State, ZIP Code) N/A  D. ALLEGED RESPONDENT(S) PCA  DEALER PHONE N/A  ADDRESS (Number end Street, City, State, ZIP Code) N/A  PHONE N/A  ADDRESS N/A  EMPLOYER'S NAME N/A  CITY N/A  STATE N/A  PESTICIDE NAME/MANUFACTURER  ADDRESS (Number end Street, City, State, ZIP Code) N/A  PHONE LICENSE/PERMIT NUMBER RECOMMENDATI N/A  EMPLOYER'S NAME N/A  CITY N/A  CITY N/A  PESTICIDE NAME/MANUFACTURER  EPA REGISTRATION NUMBER  CATEGORY  DOSE/DILUTION/VOLUME TREATMENT DA	N/A
ADDRESS (Number and Street, City, State, ZIP Code) N/A  D. ALLEGED RESPONDENT(S) PCA  DEALER PILOT GROWER AGENCY OTHER*  RECOMMENDATI N/A  ADDRESS N/A  ADDRESS N/A  CITY N/A  PESTICIDE NAME/MANUFACTURER  ADDRESS (Number and Street, City, State, ZIP Code) N/A  DEALER PILOT GROWER AGENCY OTHER*  RECOMMENDATI N/A  PESTICIDE NAME/MANUFACTURER  ADDRESS N/A  DEALER PILOT GROWER AGENCY OTHER*  RECOMMENDATI N/A  PESTICIDE NAME/MANUFACTURER  AGENCY OTHER*  RECOMMENDATI N/A  N/A  N/A  CITY N/A  PESTICIDE NAME/MANUFACTURER  EPA REGISTRATION NUMBER  CATEGORY  DOSE/DILUTION/VOLUME  TREATMENT D/A  TREATMENT D/	
D. ALLEGED RESPONDENT(S)  PCA  DEALER  PHONE  N/A  ADDRESS  N/A  CITY  N/A  STATE  N/A  EXPLAIN  N/A  PESTICIDE NAME/MANUFACTURER  DEALER  PHONE  PHONE  N/A  DEALER  PHONE  LICENSE/PERMIT NUMBER  RECOMMENDATI  N/A  LICENSE/PERMIT NUMBER  RECOMMENDATI  RE	PHONE
NAME N/A N/A  DPHONE N/A  ADDRESS N/A  CITY N/A  N/A  STATE N/A  N/A  STATE N/A  N/A  N/A  PESTICIDE NAME/MANUFACTURER  PHONE N/A  LICENSE/PERMIT NUMBER RECOMMENDATION  EMPLOYER'S NAME N/A  EMPLOYER'S ADDRESS N/A  EMPLOYER'S ADDRESS N/A  CITY N/A  STATE N/A  PESTICIDE NAME/MANUFACTURER  EPA REGISTRATION NUMBER  CATEGORY  CAT	N/A
N/A         N/A	
N/A CITY N/A STATE N/A N/A N/A N/A N/A N/A EXPLAIN N/A PESTICIDE NAME/MANUFACTURER  STATE N/A  PROBLEM N/A  PROBLEM N/A  N/A  N/A  N/A  STATE N/A  CITY N/A  CATEGORY DOSE/DILUTION/VOLUME TREATMENT D/A	I NO
STATE ZIP CODE EMPLOYER'S ADDRESS N/A N/A N/A STATE N/A N/A N/A N/A N/A N/A STATE N/A N/A N/A N/A N/A STATE N/A	PHONE
N/A N/A N/A N/A  *EXPLAIN N/A  PESTICIDE NAME/MANUFACTURER EPA REGISTRATION NUMBER CATEGORY DOSE/DILUTION/VOLUME TREATMENT D/	N/A
PESTICIDE NAME/MANUFACTURER EPA REGISTRATION NUMBER CATEGORY DOSE/DILUTION/VOLUME TREATMENT DA	
PESTICIDE NAME/MANUFACTURER EPA REGISTRATION NUMBER CATEGORY DOSE/DILUTION/VOLUME TREATMENT DA	ZIP CODE N/A
ORTHO CRAB GRASS RILLER 239-2310 CAUTION IN/A IN/A	N/A
	IN/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	s Needed)
Please see attached marrative.	
	***************************************
	- 2
Mepadakne 742 (mamerititle) AI a hypotal 10/19/231).	_
The state of the s	TO MANUEL APPROVED