

STATE OF CALIFORNIA
PESTICIDE EPISODE INVESTIGATION REPORT
 PR-ENF-127 (REV. 8/07) PAGE 1

DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH

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RECEIVED BY [REDACTED]	RECEIVED FROM Poison Control	REPRESENTING [REDACTED]	DATE/TIME RECEIVED 4/20/20 5:39	<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"/> ENVIRONMENTAL EFFECTS <input type="checkbox"/> OTHER		PRIORITY INVESTIGATION <input type="checkbox"/> YES # _____ <input checked="" type="checkbox"/> NO		
OTHER I.D. NO. See next line *	COUNTY OF OCCURRENCE Santa Clara	DATE OF OCCURRENCE MO 4 DAY 18 YR 20	TIME 2:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
EPISODE LOCATION * INV-43-20200424-034 [REDACTED] Residence						

INJURED/COMPLAINANT INFORMATION

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 checked="" 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 checked="" type="checkbox"/> Public* Other* Explain Resident
NAME [REDACTED]	AGE 64	SEX F	WHS NO. 2020-287
ADDRESS Unknown	CITY Mountain View	ZIP Unknown	PHONE [REDACTED]
MEDICAL FACILITY NAME Palo Alto Medical Foundation - Mtn Vw Urgent Care	<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 Dr. [REDACTED]	ADDRESS 701 E El Camino Real, Mountain View 94040		PHONE (650) 934-7800
SIGNS/SYMPTOMS EXPERIENCED Dry eye			
EMPLOYER Unknown	ADDRESS Unknown	PHONE Unknown	

PROTECTIVE MEASURES USED

EYES <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Eye/Sun Glasses <input checked="" type="checkbox"/> None	HANDS <input checked="" 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 checked="" 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 checked="" 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
N/A

OWNER _____ ADDRESS _____ PHONE _____

ALLEGED RESPONDENT(S) PCA DEALER PILOT GROWER AGENCY OTHER*

NAME _____ PHONE _____ LICENSE/PERMIT NO. _____ RECOMMENDATION MADE YES # _____ 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
ROUNDUP FOR LAWN	2217- 917-AA- 538	Caution	Undiluted	4/18/20	Home

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)

Our office received a Pesticide Incident Report (PIR) from Poison Control regarding [REDACTED]. I spoke with [REDACTED] twice over the phone after leaving several voicemails.

On April 18, 2020, [REDACTED] attempted to pour RoundUp for Lawns from the original bottle into a different spray container while wearing cloth gardening gloves. The liquid gurgled while being poured and splashed into both of [REDACTED] eyes. She said this was her own error, because she rushed. [REDACTED] immediately flushed her eyes with saline before going to Palo Alto Medical Foundation - Mountain View's Urgent Care facility the same day. [REDACTED] was prescribed a generic for Tobrex, an ophthalmic antibiotic. [REDACTED] had a virtual follow-up visit by webcam 2-3 days after the initial visit, and she received a prescription for non-generic Tobrex, which [REDACTED] said worked. [REDACTED] was able to go back to work on the following Monday. She stated that her eyes are fine now.

I discussed safe pesticide use with [REDACTED] and suggested she consider using a funnel or wearing protective equipment, such as chemically resistant gloves and goggles, when handling pesticides in the future. I offered to send materials regarding pesticide safety, but [REDACTED] declined. This illness was pesticide related.

REPORT PREPARED BY (NAME/TITLE) Michelle Duong Agricultural Biologist	DATE PREPARED 7/16/2020	REPORT REVIEWED/APPROVED BY (NAME/TITLE) Michelle Thom Deputy Agricultural Commissioner	DATE APPROVED 7/16/2020
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