MICHIGAN PESTICIDE NETWORK

PESTICIDE INCIDENT REPORT

THIS FORM IS INTENDED TO AID YOUR MEDICAL AND/OR LEGAL RECORDS. THE ECOLOGY CENTER WILL USE THE INFORMATION FOR STATISTICAL PURPOSES.

1. Your Name_____ phone:_____
2. Name of exposed person, if different_____
3. Address_____
4. Address of exposure, if different_____
5. On what date?_____ At what time of day?_____

_____

6 Describe weather conditions, such as wind, rain, etc.:_____

_____

7. List all witnesses to the exposure (include telephone or address, if known):_____

_____

_____

8. Name of pesticide(s) to which you were exposed:_____

_____

9. How did you identify the pesticide (e.g., written sign posting, volunteered information from the applicator, etc.)?_____

_____

10. Firm, individual(s), their employers and/or others who were applying the chemicals:_____

_____

11. License plate number, or other identifying numbers, of applicator's vehicle (if answer to #10 unknown):_____
12. Why was the chemical(s) applied?_____

_____

13. According to whom?_____
14. Were any other statements made by the applicator?_____

_____

_____(attach pages, if necessary)

15. Method of application (check one): ground spraying_____ aerial spraying_____ granular/powder_____ other_____
16. Type of exposure: Inhalation_____ Skin contact_____ Ingestion (swallowed)_____

17. For how long were you exposed?_____ How many times?_____

18. Did you complain about the spraying?_____To whom?_____

19. When and why did you complain? Was it at the time of the spraying or later after health problems?_____

21. What was the response to your complaint?_____

22. Were you examined by a physician after the exposure?_____

23. Did you have a blood analysis for the chemical used?_____ urinalysis_____

24. If so, list name of physician, date, and address_____

25. List any problems, medical or otherwise, which you think are related to the exposure, along with the date you noticed the problem: _____

26. Please write any additional comments here: _____

27. Your signature _____ date_____

If you need more space, or wish to include further details, please attach extra pages.

This data is likely to be shared with government agencies, such as the Michigan Department of Agriculture, Poison Control, etc. Would you want your name and identifying informationremoved if it were shared? _____

You could use this form for your physician or attorney. Please send one completed copy to:

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313 - 761-3186