

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY
	Date <input type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		REPORT NUMBER

EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS )	TELEPHONE NUMBER
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DUTY STATION ADDRESS	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION		
CITY	STATE	COUNTY	<input type="checkbox"/> Self	<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Letter
			<input type="checkbox"/> Media	<input type="checkbox"/> Oral Report	<input type="checkbox"/> Other _____

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]
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EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT
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WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
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IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

Yes    No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

# HUMAN INCIDENT - SUPPLEMENTAL REPORT

## ROUTE OF EXPOSURE

Oral  Respiratory  Eye  Skin

## ES USE ONLY

REPORT NUMBER

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

TIME BETWEEN EXPOSURE AND ONSET OF SYMPTOMS	WAS ADVERSE EFFECT THE RESULT OF	TYPE OF MEDICAL CARE SOUGHT
	Suicide/homicide <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Attempted Suicide/homicide <input type="checkbox"/> Yes <input type="checkbox"/> No	

## DEMOGRAPHICS

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	If female, pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation
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## EXPOSURE DATA

Amount of Pesticide	Duration of Exposure	Weight of Victim	Was the exposure occupational <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", work days lost to illness related to exposure
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WERE PERSONAL PROTECTIVE EQUIPMENT WORN (If yes, describe)

Yes  No

## ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE

**DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM**

**ES USE ONLY**

**REPORT NUMBER**

**"X" ONE**

Amphibian    Fish    Bird    Mammal    Invertebrate    Reptile    Plant

**"X" ONE**

Domestic    Wild

**NUMBER OR ACRES AFFECTED**

**SPECIES COMMON NAME**

**BREED (If known)**

**DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS**

**IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):**

**MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)**

**PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)**

**WAS PREBAITING USED ON THE SITE (Describe)**

Yes    No

**DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED**

**ADDITIONAL FACTORS**

**NAME OF PREPARER**

**SIGNATURE**

**DATE**

**NAME OF SUPERVISOR**

**SIGNATURE**

**DATE**

**PROPERTY DAMAGE INCIDENT - SUPPLEMENTAL REPORT FORM**

ES USE ONLY

REPORT NUMBER

TYPE OF PROPERTY

BRIEF DESCRIPTION OF INCIDENT

WERE POLICE/FIRE DEPARTMENT CONTACTED (Attach a copy of the report if available)

WAS THE DAMAGE ASSESSED BY AN INSURANCE CLAIMS ADJUSTER (attach a copy of the report if available)

ESTIMATED DOLLAR AMOUNT OF THE  
PROPERTY DAMAGE

\$

ADDITIONAL FACTORS

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE