

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 REPORT NUMBER
	Date <input type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
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]

EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT	
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
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input type="checkbox"/> 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	ES USE ONLY
	<input type="checkbox"/> Oral <input type="checkbox"/> Respiratory <input type="checkbox"/> Eye <input type="checkbox"/> Skin	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
--	------------	---	-------------------

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
----------------------------	-----------------------------	-------------------------	--	--

WERE PERSONAL PROTECTIVE EQUIPMENT WORN (If yes, describe)
☐ Yes ☐ No

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