HANDBOOK FOR COMMUNITY BASED PESTICIDE ACTION MONITORING, CORPORATE ACCOUNTABILITY AND INTERNATIONAL ADVOCACY

Incident Report Form
PAN Asia Pacific’s Executive Director Sarojeni Rengam explains to participant from Myanmar during a training session in Bago, Myanmar
Questionnaire 2: Incident Report Form

This form should be completed for each individual exposed in a given incident - Where an incident involves more than one formulation please complete Section I and question 13 for each.

I. Product identity: What formulation was used when the incident took place.

1. Name of the formulation: ____________________________________________________

2. Type of formulation (check one of the following)
   - ☐ Emulsifiable Conc. (EC)
   - ☐ Ultra Low Volume (ULV)
   - ☐ Wettable Powder (WP)
   - ☐ Tablet (TB)
   - ☐ Dustable powder (DP)
   - ☐ Granular (GR)
   - ☐ Water Soluble Powder (SP)
   - ☐ other, please specify: ______________________

3. Trade name and name of producer, if available: ________________________________

4. Name of the active ingredient(s) in the formulation: ____________________________

5. Relative amount of each active ingredient in the formulation: ___________________
   (% concentration, g/l, etc.).

6. Attach copy of the label(s), if available.

II. Description of the incident: How the formulation was used.

7. Date of incident: (M/DD/Year) _______________________________________________

8. Location of incident: village/city: _____________________________________________
   province/state/region: ______________________________________________________
   country: _________________________________________________________________

9. Person exposed (identity should be checked and recorded before submission of the form)
   Sex: ☐ male       ☐ female       ☐ age: ________________________________
   If age unknown: ☐ child (<14yrs)   ☐ adolescent (14-19 yrs)   ☐ adult (>19yrs)

____________________________________________________________________________

3 Source: Rotterdam Convention Secretariat (www.pic.int).
10. Main activity at time of exposure (check one or more of the following):

☐ application in field  ☐ vector control application
☐ mixing/loading  ☐ human therapy
☐ veterinary therapy  ☐ re-entry to treated field
☐ household application  ☐ other, please specify:

11. Was protective clothing used during application? □ no  □ yes
   If no, please explain why: ________________________________

If yes, briefly describe (check one or more of the following):

☐ gloves  ☐ boots/shoes
☐ overalls  ☐ long-sleeve shirt
☐ eye glasses  ☐ long pants
☐ respirator  ☐ other, please specify:
☐ face mask

12. Information on how product was being used:
   
   (a) Location of exposure/incident (field, garden, greenhouse, house, etc.)

   (b) List the animals/crop(s)/stored products treated if relevant:

   (c) Application method: (How product was used e.g. hand, bucket & brush, soil injection, spray (backpack, tractor mounted, etc), drip irrigation, aerial (helicopter, plane etc.)):

   (d) Dose applied/concentration (or amount of pesticide applied)

   (e) Duration of the exposure period:

      ☐ hours  ☐ day
      ☐ ½ day  ☐ other (specify):

13. If more than one pesticide formulation was used at the same time, please respond to points i) to iv) below for each formulation. (see also Part I Product Identity)

   i) Was the pesticide in its original container? □ no  □ yes

   ii) Was the label available? □ no  □ yes

       If yes, was exposed individual able to read and understand label? □ no  □ yes

   iii) Does the label include the reported use? □ no  □ yes

       If no, describe how the use reported above differs from that recommended on the label:

       (use a separate page if necessary) ________________________________

   iv) Is the reported incident typical of how the formulation is generally used? □ no  □ yes
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13. Climatic conditions under which the incident occurred (eg. temperature, relative humidity): ____________________________________________

14. Were other individuals affected in the same incident?  o no  o yes

15. Include any other details that may be useful in describing the incident and the way in which the formulation was used, in particular how the use reported here reflects common or recognized use patterns for this formulation (additional pages may be attached).

III. Description of adverse effects:

16. Individual’s reaction (check one or more of the following):
   □ dizziness  □ staggering
   □ headache    □ narrow pupils/miosis
   □ blurred vision □ excessive salivation
   □ excessive sweating □ nausea/vomiting
   □ hand tremor    □ death
   □ convulsion    □ other, please specify: ________________

17. Route of exposure (check main route or more than one if applicable)
   □ mouth  □ eyes  □ other, please specify:
   □ skin  □ inhalation ________________

18. How soon after last use of the formulation were the adverse effects observed:
    ___________________________________________________________________________

IV. Management:

19. Treatment given: □ No  □ Yes  □ Unknown

20. Hospitalization: □ No  □ Yes  □ Unknown

21. Include any other details/information regarding treatment including medical intervention/ first aid/hospitalization/local practices etc. (additional pages may be attached):
    ___________________________________________________________________________

V. Reporting/communication:

22. Date of data collection/consultation: __________________________________________

23. Name and address of investigator/data collector: ________________________________
24. Category of investigator/data collector:
   - [ ] medical
   - [ ] paramedical
   - [ ] non-medical
   If non-medical, then specify type of person (*applicator, formulator, vendor, extension worker, manager, etc.): ________________________________

25. Contact if further information if needed:
   Tel: __________________________
   Fax: __________________________
   Email: _________________________

26. Has this incident been reported elsewhere? [ ] No  [ ] Yes
   If yes, where: __________________________

**Reporting**

Name of interviewer: ________________________________

Organisation/address: ________________________________

Return this Questionnaire to: ________________________________