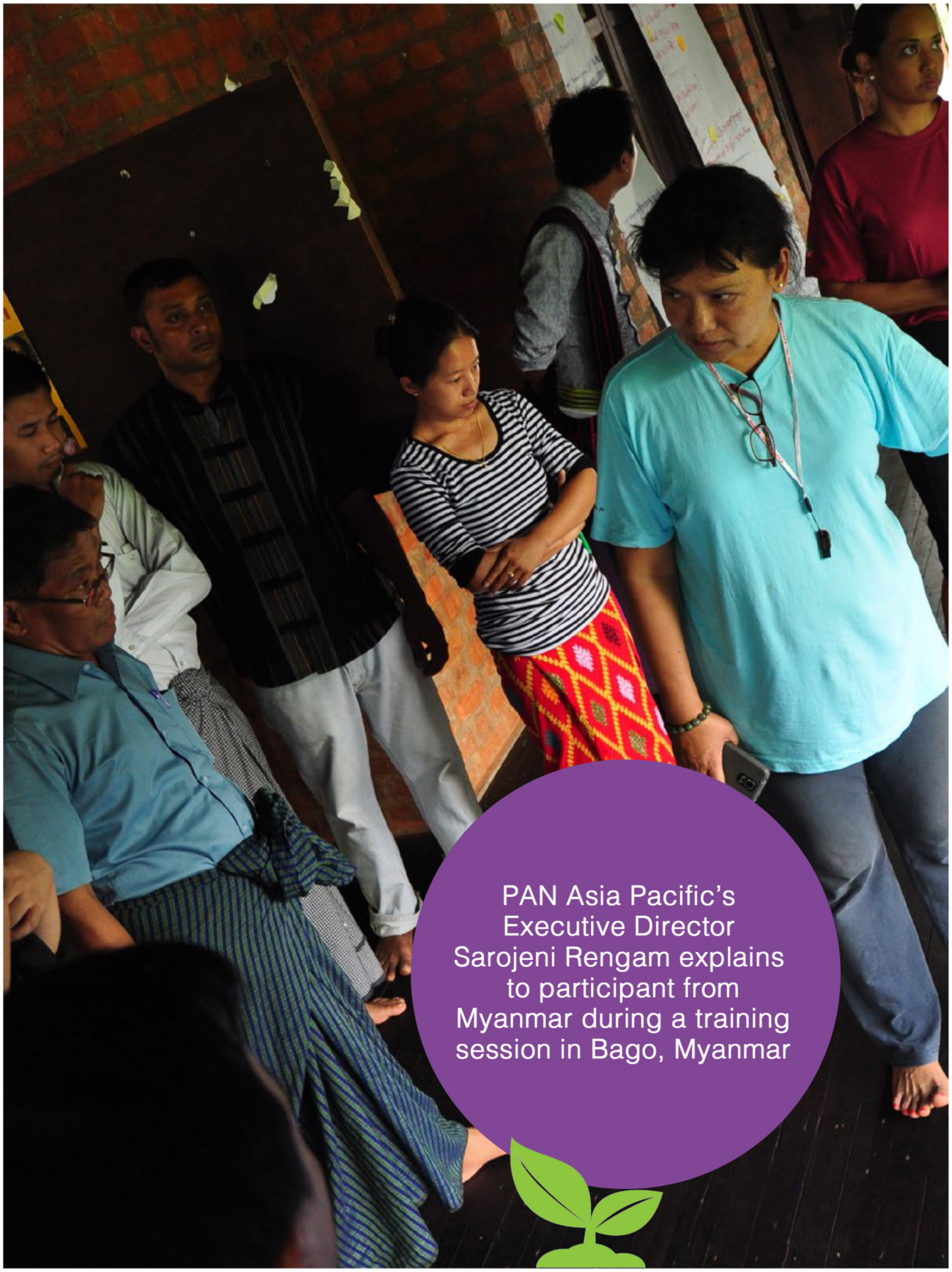
PAN Asia Pacific
For a just and pesticide-free future

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[3]

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)
- ☐ Wettable Powder (WP)
- ☐ Dustable powder (DP)
- ☐ Water Soluble Powder (SP)
- ☐ Ultra Low Volume (ULV)
- ☐ Tablet (TB)
- ☐ Granular (GR)
- ☐ 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
- ☐ mixing/loading
- ☐ veterinary therapy
- ☐ household application
- ☐ vector control application
- ☐ human therapy
- ☐ re-entry to treated field
- ☐ 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
- ☐ overalls
- ☐ eye glasses
- ☐ respirator
- ☐ face mask
- ☐ boots/shoes
- ☐ long-sleeve shirt
- ☐ long pants
- ☐ other, please specify: _____

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
- ☐ ½ day
- ☐ 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

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
- ☐ headache
- ☐ blurred vision
- ☐ excessive sweating
- ☐ hand tremor
- ☐ convulsion
- ☐ staggering
- ☐ narrow pupils/miosis
- ☐ excessive salivation
- ☐ nausea/vomiting
- ☐ death
- ☐ other, please specify: _____

17. Route of exposure (check main route or more than one if applicable)

- ☐ mouth
- ☐ skin
- ☐ eyes
- ☐ inhalation
- ☐ other, please specify: _____

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: _____