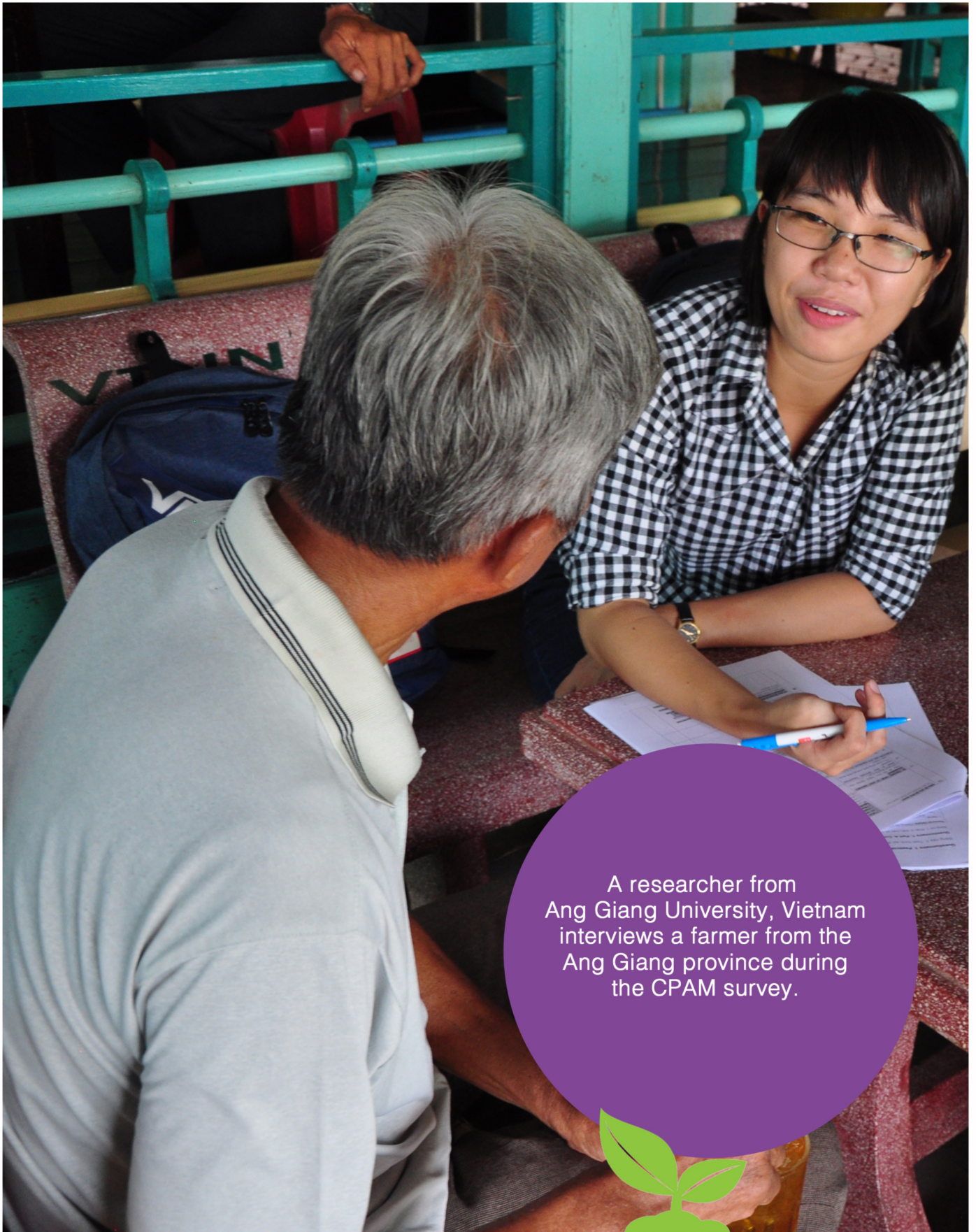


HANDBOOK FOR COMMUNITY BASED
PESTICIDE ACTION MONITORING,
CORPORATE ACCOUNTABILITY
AND INTERNATIONAL ADVOCACY

Retail Questionnaire





A researcher from Ang Giang University, Vietnam interviews a farmer from the Ang Giang province during the CPAM survey.

Questionnaire 3: Retail Questionnaire

GENERAL DETAILS

1.a. Date of Interview/Observations : [_____]
dd / mm / yyyy

1.b. Name and Address of Shop:

[_____]
[_____]

Questionnaire 3: Part A. How pesticides are sold

Q	Question	Category
---	----------	----------

GENERAL DATA/ OBSERVATIONS

2	Location of store	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> Other, Specify [_____]
---	-------------------	---

3	Type of store	<input type="checkbox"/> Farm supply store <input type="checkbox"/> Market stall <input type="checkbox"/> Roadside stall <input type="checkbox"/> Supermarket outlet <input type="checkbox"/> In home store <input type="checkbox"/> Other, Specify [_____]
---	---------------	--

4	What is the main crop grown in the area?	[_____]
---	--	-----------

5	Is the store close to Tick (or fill-in) one or more of the following	<input type="checkbox"/> School <input type="checkbox"/> Creche <input type="checkbox"/> Medical / Care center <input type="checkbox"/> Food store <input type="checkbox"/> Water sources <input type="checkbox"/> Eatery <input type="checkbox"/> Other, Specify [_____] Give details [_____]
---	--	---

- 6** Are pesticides stored alongside
- Food
 - Pharmaceuticals
 - Clothing
 - Other products, Specify [_____]

- 7** If yes, are the pesticides physically segregated from other products?
- Yes
 - No

- 8** Is there any sign that they are hazardous?
- Yes
 - No

- 9** Are pesticides provided in different sizes including small sizes appropriate for small-scale users?
- Yes
 - No
- Further detail [_____]

- 10** Is there protective clothing sold in the store?
- Yes
 - No

- 10.a** If yes, identify the items of protective clothing
- Gloves
 - Overalls
 - Eye glasses
 - Safety goggles
 - Respirator
 - Face mask
 - Boots/Shoes
 - Long-sleeve shirt
 - Long pants
 - Other, Specify [_____]

- 11** Are there any banned or restricted products available for sale?
- Yes
 - No
-

11.a If yes, list brand name, active ingredients and their concentrations and manufacturers name and address

Brand name	Active ingredient and concentration	Manufacturer name & address

12 Are there any WHO Class Ia or Ib pesticides (or other notable HHPs) for sale in the shop?

- Yes
 No

12.a If yes, list brand name, active ingredients and their concentrations and manufacturers name and address

Brand name	Active ingredient and concentration	Manufacturer name & address

QUESTIONS FOR THE SALESPERSON

Personal details of seller (optional)

13 Age

- Child (<14 years old)
 Adolescent (14 - 19)
 20 - 29
 30 - 39
 40 - 49
 50 - 59
 60 - 69
 70 and above

14 Sex

- Male
 Female

15 For females

- Pregnant
 Breastfeeding

16 Ethnic group

[_____]

Training

17 Where do the retailers get their products? Manufacturer
 Third party
 Sales person
 Others, please specify: [_____]

17a Do they have a contract with their supplier? Yes
 No

18 Have you received training on the pesticides you sell? Yes
 No

18.a If yes, was it provided by Government
 Company, specify [_____]
 Other, specify [_____]

18.b Mode of training Seminar
 Field demonstration
 Course
 Other, specify [_____]

18.c Length of course [_____] hours
 [_____] Days
 (Answer only one) [_____] Weeks

18.d Did the training cover Precautions when mixing/spraying
 Precautions for storage/disposal
 Information about alternatives to pesticides
 Health hazards of pesticides
 Environmental hazards of pesticides
 Other, please specify [_____]

Tick (or fill-in) one or more of the following

19 Do you have a government license to sell pesticides? Yes
 No

Packaging and re-packaging

20 Do you package or repackage pesticides? Yes
 No

21.a If yes, where do you repackage the pesticide? Shed
 Shop
 Reformulation facility
 Elsewhere, specify [_____]

21.b How do you repackage the pesticide? [_____]

21.c What kind of packaging do you use? [_____]

21.d Do you label the repackaged pesticide? Yes
 No

Container disposal

22 Do you give buyers of pesticides advice on disposal of used package/containers? Yes
 No

22.a What is this advice? [_____]

23 Do you collect used packages? Yes
 No

23.a If yes, how are these disposed of? Returned to company/distributor
 Thrown in open field
 Buried
 Burnt
 Put in rubbish/trash
 Reuse
 Other, Specify [_____]

Tick (or fill-in) one or more of the following

24. Other observations [_____
[_____]

Questionnaire 3: Part B. Pesticide Labels (complete 1 form per product)

1.	Product name/ trade name	[_____]
2.	Active ingredient and concentration	[_____]
3.	Manufacturer	[_____]
4.	Does the package have a label?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.a	Is the label easy to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.b	If no, why not?	[_____]
5	If yes, does the label carry:	
5.a	Product or trade name	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.b	Active ingredient/s	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.c	Manufacturer	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.d	Instructions in local language	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.e	Warning symbols	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.f	Precautionary statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.g	Hazard classification	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.h	Instructions on how to use the product	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.i Instructions on how to dispose of the product Yes
 No

5.j Instructions on how to decontaminate containers Yes
 No

6 Other observations [_____]
[_____]
[_____]
[_____]
[_____]



Questionnaire 3: Part C. Pesticide packaging (complete 1 form per product)

1	Product name/ trade name	[_____]
2	Active ingredient and concentration	[_____]
3	Manufacturer	
4	What is the state of the container?	<input type="checkbox"/> Intact <input type="checkbox"/> Leaking <input type="checkbox"/> Weakened <input type="checkbox"/> Damaged, Describe [_____]
5	Has the pesticide been transferred into another container?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	If repackaged to recanted, state the kind of container Tick (or fill-in) one or more of the following	<input type="checkbox"/> Sealed container <input type="checkbox"/> Plastic bag <input type="checkbox"/> Softdrink bottle <input type="checkbox"/> Other, specify [_____]
7	Is the container attractive for reuse for storing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Describe the container Tick (or fill-in) one or more of the following	<input type="checkbox"/> Jar with a screw-on cap <input type="checkbox"/> Container with a handle and/or a wide closure <input type="checkbox"/> Other, specify [_____]
9	Is the container child-proof (unable to be easily opened by a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No

10 Is it ready to use (i.e. already diluted or mixed)?

- Yes
- No

11. Other observations

[_____]

[_____]

[_____]

[_____]

[_____]



