

National Toxics Network Inc.

PESTICIDE SPRAY DRIFT REPORTING FORM

Please note NTN will not be investigating your spray drift incident. We are collecting this information for research and advocacy purposes. The Pesticide Spray Drift Reporting Form has been prepared by the NTN and is intended as a guide only to the sort of information which is useful to collect in the event that you, your property or environment are exposed to pesticide spray drift or, if you witness a spray drift incident.

In the event that you are exposed to pesticide spray drift please seek immediate medical attention and report the incident to the relevant authority in your state or territory as soon as possible.

NB: If there is more than one witnesses to the spray drift incident, please have them fill out a separate reporting form. You may need to make a copy of this form.

Name of the person reporting a spray drift incident:

Were you a person exposed to the spray drift or a witness to a spray drift event?

Postal address:

State _____ Postcode _____

Phone _____

Email _____

Please note your personal details will remain private and confidential.

1. Date and time the spray drift incident occurred

Date _____

Time _____

2. Location where the spray drift incident occurred, be specific

where possible (eg an area on your property, suburb, town, school or child care centre, road, bus stop, park etc)

3. What was exposed to spray drift? (a person, animal, crop, plant waterway etc)

Do you collect your own rainwater for drinking purposes? _____

Was your drinking water exposed to spray drift? _____

4. Pesticide application

Method of application

(plane, helicopter, ground hydraulic boom sprayers, air blast, handheld, backpack equipment etc)

Description of application equipment:

(vehicle license number, colour, make, aircraft number etc)

Contractor, company or applicators name:

Name of the pesticide/s used (if known):

Product/s trade name _____

Active ingredient/s _____

Formulation type of the pesticide (spray or dust):

What was the pesticide being applied to?

(crops, weeds, bowling green, roadside, waterways, household garden etc)

How close were you to the spraying operation? _____metres

If the pesticide was being applied by air, what height was the

plane/helicopter above you? _____metres

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What was the distance of the plane/helicopter to the nearest occupied building? _____ metres

General description of the incident as you witnessed it:

5. Weather conditions:

Do you have a weather station? Yes No

Please record the weather conditions at the time the spray drift incident occurred

What is the closest weather station to the site where the spray drift occurred? (if known)

Wind speed _____ (estimate using the Beaufort Scale - see *Resources*)

Direction of wind _____ Temperature _____ Humidity _____

Did it rain or was rain forecasted? _____

6. Signs and symptoms of pesticide exposure:

Did you experience any health signs or symptoms from exposure to the pesticide spray drift?

If yes, when did they occur:

Immediately _____ Sometime later _____ Other _____

What symptoms did you experience? (eg headache, nausea, dizziness, sore throat, coughing, aching limbs, disorientation, confusion, difficulty in breathing, asthma, etc)

Did any plant or other animals show signs of symptoms of exposure to pesticide spray drift?

Did you seek medical or veterinary attention and request a blood and urine test?

(NB Urine samples should be collected within 24hrs after exposure)

Was any treatment undertaken as a result of the pesticide exposure?

7. Notification

Were you notified in advance of the pesticide application?

Yes No

If yes, how much notice were you given?

How were you notified (ie phone, fax, email, verbal, newspaper advert etc)

8. Other actions

Which authorities did you report the incident to? _____

What actions did the authority take to investigate the spray drift? _____

What was the outcome of the investigation? _____

For any additional information please attach a separate page if necessary.

Signature of person reporting the incident and the date the form was filled out.

Please send a copy of this form to:

NATIONAL TOXICS NETWORK INC.

PO BOX 173 BANGALOW

NSW 2479