

# Pesticide 30-day Adverse Incident Report

version 1.6

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form.*

---

### Form Instructions

This form is for Operators required to submit a written report of any reportable adverse incidents to the DEC Wastewater Compliance and Enforcement Program for pesticide regulation. Where multiple Operators are authorized for a discharge that results in an adverse incident, reporting by any one of the Operators constitutes compliance for all the Operators, provided a copy of this report is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident.

### Reportable Adverse Incident

Is this adverse incident reportable? \*Select One

Yes  No

STOP. You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned on such.

You must complete this report and submit it to the DEC Wastewater Compliance and Enforcement Program for pesticide regulation.

### Report Information

#### Information from the 24-hour Adverse Incident Notification

---

When an Operator observes or is otherwise made aware of an adverse incident, which may have resulted from a discharge from a pesticide application, the Operator must immediately notify the DEC Division of Water, Compliance and Enforcement Program as identified in Appendix A, Part 1.1.2 of the permit. This notification must be made by telephone within 24 hours of the Operator becoming aware of the adverse incident. Operators must include in the written report the information provided to DEC in the 24-hour adverse incident notification (PGP Part 6.4.1.1). Attach additional information if necessary.

**Caller's Contact Information**

<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>	<input type="text"/>	

**Operator Information**

<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>	<input type="text"/>	
<b>Organization Name</b>	<input type="text"/>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>	<input type="text"/>	
<b>Fax</b>	<input type="text"/>	
<b>Address Line 1</b>	<input type="text"/>	
<b>Address Line 2</b>	<input type="text"/>	
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contact Name (if different than the person providing the 24-hour notice above)**

**Permit Number (if applicable)**

Describe how and when the Operator became aware of the adverse incident

Describe the location of the adverse incident

Describe the adverse incident identified and the pesticide product, including the EPA pesticide registration number below this question, for each product applied in the area of the adverse incident.

**Pesticide Registration Number**

Describe any steps the Operator has taken or will take to correct, repair, remedy, clean up, or otherwise address any adverse effects

Identify any other Operators authorized for coverage under this permit for discharges from the pesticide application activities that resulted in the adverse incident and if so, provide details of your notification of those other Operator(s)

Date/Time the operator notified DEC of the adverse incident

Date and time the Operator contacted DEC to notify the Department of the adverse incident, who the Operator spoke with at DEC, and any instructions received from DEC.

Date	Time

Name and/or title of the person the operator spoke with at DEC

Instructions received from DEC

## Other Information Required in the Thirty (30)-Day Adverse Incident Report

Location of incident, including the names of any waters affected and appearance of those waters (sheen, color, clarity, etc.)

Describe the circumstances of the adverse incident including species affected, estimated number of affected individuals, and approximate size of dead or distressed organisms

Describe the magnitude and scope of the affected area (e.g., aquatic square area and or total stream distance affected)

Describe the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of the pesticide product and EPA registration number.

Pesticide Application Rate	Intended Use Site	Method of Application	Product Name	EPA Registration Num

Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied)

Provide an indication of which laboratory test(s), if any, were performed, and when. (Note: A summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.)

Describe the actions to be taken to prevent recurrence of adverse incidents

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.