

ALLEGED ILLNESS FROM PESTICIDE APPLICATION REPORT FORM

Name of person _____
filling out this report _____ Date _____ Time _____

1. Name of injured party _____

2. Phone number _____

3. Date of pesticide application _____ Approx. time of day _____

4. Symptoms listed _____

5. Chemical used _____

(Be prepared to tell the doctor the percentage of chemical used inside and/or outside the location)

6. Did the injured party go to their personal physician or emergency room? If so:

Physician's name _____ phone number _____

Physician's address _____

City _____ State _____ Zip _____

Tell the customer that you will have the Med-Net doctor (normally Dr. Thompson) call their doctor to offer any assistance. Provide the customer with the Med-Net doctor's main number (M-F 8:30-5:30) 408-973-0888 or their after hours their toll free number 800-501-9008.

7. Immediately call the Med-Net doctor and give him/her all the information you have. Record below who you talked with.

Med-Net contact _____ Date _____ Time of call _____

8. Notify JenkinsAthens at now at 877.860.PEST (7378)

A. Date you contacted JenkinsAthens

B. Who did you speak to?

9. Contact your technician who applied the chemical ASAP:

A. Verify chemical information

B. Verify and collect the information on the 8538 notice (pesticides; notice to owner, occupants and others)

C. Collect all related paperwork including the service receipt, contract, application instructions and relevant container labels, etc., in written form, detail the service technician's recollection of the entire job, description of the structure, the equipment that was used,

FORM A (page 2 of 2)

any unusual conditions, the technician's discussions with the customer and anything else that the technician can recall.

D. Collect the original chemicals involved and otherwise identify and retain a sample closest to the chemical batch that was used.

10. Follow-up. Document each of your conversations with the customer and the doctor below.

Customer _____ Date _____

Customer _____ Date _____

Customer _____ Date _____

Customer _____ Date _____

Customer _____ Date _____

Doctor _____ Date _____

Doctor _____ Date _____

Doctor _____ Date _____

Doctor _____ Date _____

Doctor _____ Date _____

11. Summarize the final decision, results, comments, etc. here:

12. Attach any additional documentation and send copy to JenkinsAthens and file the original with your records.